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[In these pages dimension and weight are expressed in terms of the Metric System, and temperature in degrees of the Centigrade Scale.]

Original Lectures.

ARTICLE I.

LARYNGEAL TUMORS AND TUBERCULOUS LARYNGITIS. Clinical Lecture. By E. FLETCHER INGALS, M.D., Lecturer on Diseases of the Chest and Physical Diagnosis, and on Laryngology in the Post Graduate Course, Rush Medical College.

The first patient I show you this morning was recently sent to me by my friend Dr. R. L. Leonard, of this city, on account of some difficulty experienced in breathing and speaking.

The patient, Mr. S. P., is sixty-nine years of age, is a man of good habits, and has enjoyed the best of health until two months since, with the exception of some hoarseness and cough.

He complains that for the last eight weeks he has been suffering from "some form of asthma," which has caused difficulty of breathing, especially on exertion, and has several times excited paroxysms of suffocation. He has suffered no pain and, so far as we can learn, has had no constitutional symptoms. Twenty-two months since, he first noticed impairment of function in the vocal organs, as indicated by hoarseness coming on after speaking

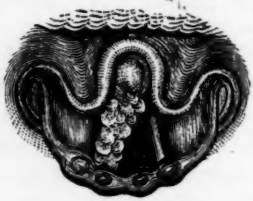
for a short time; this gradually increased until he came under my observation, when he could only speak in a low whisper, and was obliged to pause frequently to take breath.

The slightest exertion greatly increased his dyspnœa, and to-day he tells us that he finds it impossible to sleep on his left side, because of the difficulty in breathing in that position. He has had only a little cough, though he states that frequently he desires to cough but cannot. He expectorates a small quantity of frothy mucus.

Until recently the patient's digestive organs seem to have been in perfect condition, but since the dyspnœa has been so great, his appetite has failed.

The pharynx is normal, the lungs yield no sign of disease and we naturally conclude that the cause of his trouble must be in the larynx.

At my first examination of this patient, I discovered a morbid growth, partly filling the glottis. Subsequent careful examinations, after the irritability of the throat had in a measure been overcome, revealed a large tumor filling about four-fifths of the chink of the glottis. This was of a pinkish white color, lobulated in form and seemed to be attached by a broad base to the right vocal cord and ventricular band. The right cord and the anterior third of the left were entirely hidden from view. The laryngoscopic appearance is well illustrated by this drawing.



The tumor slightly changes its position at times, so as to diminish or increase the dyspnœa, and this, together with the collection of tenacious mucus in the larynx and possibly some spasm of the glottis, an occasional complication in such cases, explains the paroxysms of suffocation.

Tumors of nearly every variety known to pathologists, have been found in the larynx; the greater part of them are benign,

but encephaloid and epithelial cancers are not uncommon. Of the benign growths the papillomata constitute nearly three-fourths; fibromata stand next in frequency; following them fibro-cellular tumors, and then cystic growths which are comparatively rare.

Benign growths are said to originate in simple catarrhs, syphilitic and tuberculous sore throat, the exanthemata, particularly measles, croup, diphtheria and pertussis. Morell Mackenzie states that they originate simply in hyperæmia, and that syphilis and phthisis are not predisposing causes. Dr. Cohen, in his recent work, dissents from this opinion and gives statistics which show conclusively that tumors often occur in patients affected with syphilis or phthisis and which seem to prove that they, in some cases at least, are the direct result of these dyscrasiæ; however this may be, in the patient before us we cannot suspect any other cause than simple hyperæmia.

Prof. I. N. Danforth has examined portions of this tumor microscopically and he pronounces it a mixed sarcoma, made up of round and spindle-shaped cells, of the recurrent variety which is almost sure to return within five years in a malignant and fatal form. The grave prognosis which this opinion would induce us to give, is greatly mitigated by the fact that many cases of laryngeal growths in which the histological features have been decidedly those of cancer, have been proven clinically to be of a totally opposite character.

We have here none of the characteristic thickening or ulceration of malignant growths or those resulting from syphilis or tuberculosis; the even surface and peduncle common to fibrous and fibro-cellular tumors are lacking, therefore we conclude that this is a benign papillary tumor.

Tumors of this character usually develop slowly and after attaining a certain size they may cease to grow, when, if small, they often cause no annoyance excepting that due to the impairment of the voice; but if the tumor reaches a size sufficient to interfere with respiration either by spasm or mechanical obstruction of the glottis, it becomes a source of great and increasing danger to the patient, which if not removed will ere long cause fatal suffocation.

In young children the prognosis is specially unfavorable be-

cause the larynx is so small and the patient so intractable that it is a very difficult matter to remove the tumor through the mouth, nor are the prospects good of permanent relief by tracheotomy.

In adults who will submit to proper treatment, the prognosis as regards life is favorable, though in some cases a fatal bronchitis may be induced by tracheotomy, which occasionally becomes necessary. Some times even in adults it is impossible to remove the tumor through the mouth: in such instances if the growth enlarges so as to cause dyspnœa, tracheotomy must be performed; if it should subsequently cause considerable difficulty in swallowing, it must be removed after division of the thyroid cartilage by the operation known as thyrotomy. This operation has been performed in quite a large number of cases, but it has proven fatal in about one-third of these. After tracheotomy, breathing and deglutition may be easy and still a source of danger may remain due to the necessity for prolonged wearing of the canula in the trachea. This sometimes induces necrosis of the tracheal or laryngeal cartilages, affections which are synonymous with laryngeal phthisis and which have the same unfavorable issue.

The prognosis as regards the voice is good when the tumor can be removed through the natural passages. In fifty per cent. of such cases the voice will be completely restored and in more than half of the remaining cases it will be greatly improved. To justify the most favorable prognosis regarding the voice, the opening of the larynx must at least equal the average size and the fauces must not be abnormally sensitive; the tumor should not be extremely large and it must be single and pedunculated: when the opposite conditions are present or if the tumor is very small and located on the vocal cord the voice is not likely to be perfectly recovered.

In the case before us the orifice of the larynx is small on account of the position and shape of the epiglottis, and the difficulty of introducing instruments is greatly increased by the smallness of the space between the base of the tongue and the posterior wall of the pharynx, which is partly due to the unusual prominence of the lateral incisor teeth of the lower jaw. The central incisors have been lost and the remaining teeth are so prominent that the patient finds it impossible to hold the tongue properly without

causing a great deal of pain when it presses on the teeth, consequently he cannot draw it out sufficiently. As the teeth are already loose I have suggested their removal, but the patient objects and I shall not insist upon it. This tumor is large and has a broad attachment, therefore, we cannot hope for perfect recovery of the voice, but as the growth is already of a size which renders it a constant source of danger there can be no question as to the proper course of treatment.

I hope to remove this growth by the natural passages, but I shall hold myself in constant readiness to perform tracheotomy in case the paroxysms of dyspnœa become serious.

I have already had several sittings with the patient. Owing to the sensitiveness of his throat and the other obstacles already mentioned I could hardly get a glimpse of the larynx at first and could not introduce the forceps until the fourth sitting; at that time I removed with Mackenzie's tube forceps a portion of the tumor about the size of a large pea and since then I have removed with his common laryngeal forceps nearly all of the tumor which grew from the posterior half of the cord, but the angle of my forceps was so great that I could not reach the anterior part of the larynx without pressing forward the epiglottis, which would cause instant closure of the larynx so that the forceps had to be withdrawn.

I have an instrument to-day with a sharper angle which was made for me by Messrs. Sharp & Smith, of this city; with it I expect to be able to reach that part of the tumor lying close to the base of the epiglottis.

I cannot see into the larynx with the light in this amphitheatre, but if a few of you will go with me into my operating room I will show you the tumor and method of operating. * * This simple argand burner will light the larynx very satisfactorily. With the throat mirror in position you can now see the condition I described to you in the lecture room: you will also notice some œdema of the right ventricular band which has resulted from the irritation caused by the instruments when pieces of the growth were last removed. Having warmed the forceps I now carry it behind the epiglottis and quickly down upon the tumor; this causes closure of the larynx and I withdraw the instrument,

bringing a piece of the tumor between its blades. This growth is so friable that it must be removed in fragments, for I can only secure that part of it which comes between the blades. If it were of firmer texture, the whole might possibly be removed at once.

Though I have succeeded in securing portions of the tumor at nearly every attempt, yet it is not all removed; but as the patient is becoming fatigued we must desist.

I have to-day removed the greater part of the growth, but some fragments remain which I shall get at subsequent sittings, then if any minute portions cannot be secured, they will be cauterized to complete the cure.

Case II.—We have here another patient who comes to us complaining of hoarseness and dyspnœa. Mrs. M. is now twenty-five years of age, has been married several years and has one child now seven years of age.

She states that her voice has been affected for three months, and that she has had a cough about two years, but has not felt perfectly well since the birth of her child.

I can find nothing in her previous history, either personal or hereditary, which would lead me to suspect her cough to be of pulmonary origin, but you will at once notice the ominously sallow skin, bright eye and flushed and sunken cheek. She has lost flesh rapidly during the past few months and is now unable from weakness to attend to her household duties.

The skin is moist and of slightly increased temperature; the thermometer under the tongue registers 38.8° C. and her pulse averages 130 per minute.

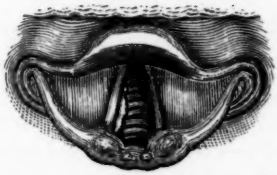
The hoarseness which was at first only slight, now compels her to talk in a low voice, scarcely louder than a whisper. She has dyspnœa on exertion and has formerly suffered from considerable cough, but at present it does not trouble her greatly. The expectoration is small in amount and of a muco-purulent character. The tongue is clean and moist and the throat normal in appearance, excepting a marked loss of its natural redness. Her appetite is fair, deglutition is not painful; and the digestive organs seem to be acting well. The menses are regular.

This is all the information we can obtain from the simple interrogation of the patient.

We must now examine the larynx in hopes of finding there the immediate cause of her trouble.

In looking into the larynx we observe a peculiar pallor of every part excepting the epiglottis and right vocal cord. The epiglottis is of twice its natural thickness and is bent sharply upon itself toward the base of the tongue, about five millimeters from its upper free edge. Just below the point of flexure the mucus membrane stands out in two or three small whitish projections which seem to mark the edge of an ulcer, but it is impossible to see the laryngeal surface of the epiglottis distinctly.

I have been able to catch a glimpse of a dark brown or black spot near the base of the epiglottis, which seems to be five or six millimeters in diameter and which probably results from destruction of the mucous membrane and exposure of the cartilage. There is no change in the ary-epiglottic folds. The right vocal cord is congested and thickened and just beneath it we find an abnormal growth which is fairly represented in this drawing.



This growth has a greyish hue and somewhat uneven surface.

It is not, properly speaking, a laryngeal tumor nor is it simply infra-glottic œdema, but it appears to consist of an elevated fold of thickened mucous membrane. It has increased considerably in size since I first saw the patient, but I think it is not growing at present.

The appearance of this larynx, though not characteristic, leads me to strongly suspect laryngeal phthisis, a diagnosis which will be rendered positive if the lungs yield evidence of tuberculosis.

Upon examining the chest we find marked dullness over the lower part of the infraclavicular and the upper part of the mammary regions on the left side with broncho-vesicular respiration; and fine mucous and subcrepitant râles over both apices. This leaves no doubt as to the diagnosis.

It is common in such cases as this for the larynx to be affected

first on the side where the pulmonary disease is most marked, but it is not in this instance.

I have already stated that some distinguished laryngoscopists hold that morbid growths in the larynx are never caused by phthisis, but Dr. Cohen has found one-third of his cases associated with this disease. In the case before us, the tumefaction below the vocal cord cannot properly be called a tumor, though probably, if left to itself, its increasing size would soon compel us to class it with the case we have just considered.

In another case of laryngeal phthisis now under my care, I find a distinct tumor, the size of a large split pea, springing from the mucous membrane covering the right arytenoid cartilage; there is tumefaction of the right ary-epiglottic fold, and the history and pulmonary signs place the diagnosis beyond question. It is not at all probable that in these cases the morbid growths are simply coincidental.

Authors are unsettled as to the etiological relations of tubercle and laryngeal phthisis. Those who base their belief on clinical experience, as a rule, hold that laryngeal phthisis is not caused by tubercular deposits, while pathologists generally teach the reverse.

Personally, I am inclined to adopt the teachings of those who found their opinions on extensive clinical observation, rather than those based on a few isolated microscopic examinations, the results of which are often doubtful to microscopists themselves.

Laryngeal phthisis is nearly always associated with pulmonary consumption, sometimes preceding the latter, but generally following in its course, as it doubtless has in the case before us. The affection is characterized by thickening and ulceration of the larynx. The thickening usually appears first in the ary-epiglottic folds and subsequently affects other parts or it may begin in the epiglottis, ventricular bands or vocal cords; the ulceration is frequently first seen on the vocal cords, but in other instances it begins on the epiglottis or some other part; usually it commences in the lower parts of the larynx and extends upward. The ulceration may extend from the mucous membrane and destroy a considerable portion of one or more of the cartilages, but in other cases the cartilages themselves are first

affected and finally becoming necrosed they act as foreign bodies in causing abscesses and destruction of surrounding tissues.

The prognosis in this affection is most unfavorable; patients seldom live more than from six to eighteen months and when any considerable thickening has taken place a fatal result is almost absolutely certain. Those cases in which the epiglottis is first attacked run the most rapid course. The ulcers show no tendency to heal and very little can be hoped for from treatment excepting to mitigate suffering, slightly prolong life and perhaps stay the progress of the local affection.

In the early stage of laryngeal phthisis when there is simple hyperæmia the local applications recommended for chronic laryngitis will often be found beneficial, and later on we may expect to check the progress of the disease in some instances by the application of mineral astringents, and thus prevent the distress incident to extensive ulceration, or necrosis and exfoliation of the cartilages. When the epiglottis or the ary-epiglottic folds are the seat of the ulceration, the tissues are likely to be destroyed to such an extent as to prevent proper closure of the glottis in the act of swallowing; as a result fluids or food escape into the larynx and give rise to severe paroxysms of cough and suffocation, which are so very distressing that patients will sometimes go for days without food or drink rather than endure the suffering almost sure to follow attempts at deglutition.

While attending to the local symptoms, we must not forget the constitutional malady which requires the same treatment as uncomplicated pulmonary consumption.

In this patient I have made slightly stimulant and astringent applications to the larynx which have arrested the growth for the time being, but the applications, whether in the form of powdered insufflations or in solutions applied by means of a camel's hair pencil, cause so much spasm of the glottis that I shall substitute for them inhalations with which I hope to check in some degree the rapid progress of the disease.

The application which has been most efficient in this case consists of one part of the sulphate of berberina to eight parts of sugar of milk, about 0.10 Gm. of which have been applied to the larynx every second or third day. I have also tried the local

application of calomel, bismuth and tannin, but although they often prove beneficial in laryngitis they have done no good in this case. On account of the suffocation caused by insufflations I resorted to the application of a solution of chloride of zinc, 2.00 Gm. to 50.0 Gm. of glycerine; but it caused spasms, quite as severe as the powders. I therefore discontinued it and the patient is now using the following prescription:

℞. Coniæ 0.25 Gm., alcoholis 12.00 Gm., olei pinus sylvestris 12.00 Gm., magnesiæ carb. levis 8.00 Gm., aquæ qs *ad.* 100.00 CC, M., triturate. S. Teaspoonful to be used in a pint of water at 65° C. for an inhalation, every fourth or fifth hour.

When I first saw this patient she had little appetite, and I ordered strychinæ sul. 0.02 Gm. and tinct. ferri chlor. 0.50 Gm. three times daily, combined with calcii chloridum 0.65 Gm. I gave the chloride of calcium because, from an extensive use of it for nearly two years, I have become convinced that it exercises a very beneficial influence on a large percentage of phthisical patients.

The results of treatment have thus far been very satisfactory, but we can hardly hope for permanent benefit.

In this case I shall enjoin out-door exercise every pleasant day, and if it were possible I should send her to a climate where the air is uniformly warm and dry.

This treatment will undoubtedly benefit the patient, but I fear the progress of the disease will be rapid and her history will be completed within three or four months.

A LITTLE book has been sent to each practising physician and surgeon in the United States, whose name and address are known to the Census Office, with the request that each will keep therein a record of all deaths occurring within his practice during the year June 1, 1879, to May 31, 1880, and will return the register at the close of the year to the Census Office. It is hoped that this effort to improve the Vital Statistics of the United States will meet with general approbation and receive the countenance and support of the profession.

Original Communications.

ARTICLE II.

TUBERCULAR MENINGITIS. By CHAS. W. EARLE, M.D., Prof. of Diseases of Children, Woman's Medical College, Chicago.

War, pestilence and famine have been regarded as the three most dreadful calamities which may befall a race.

If a student of those causes which consign more than one-fifth of all born into the world to early graves before the end of the first year, and one in three before the completion of the fifth year, were asked to enumerate the three principal classes of infantile diseases contributing in the greatest degree to this terrible destruction of life, he would in all probability say:

1st. Diseases of the throat and larynx, in which stenosis is the principal symptom.

2d. Entero-colitis with its consequent sequelæ of mal-nutrition; and

3d. Cerebral diseases, among which is found the quite frequent and almost uniformly fatal malady termed tubercular meningitis.

To this disease, and more particularly to the consideration of its causes, pathology, diagnosis and prophylactic treatment, I have the honor to call your attention this evening.

Much confusion has been caused by the different synonyms of this disease, and confounding with it simple meningitis. The differentiation between simple and tubercular meningitis I shall notice and attempt to establish, as far as possible, at another place in this paper. The different terms which have been used to convey the idea we now mean by tubercular meningitis, I will notice and dispose of at this time:

Acute hydrocephalus, basilar meningitis, hydrops cerebri, carus hydrocephalus, Whytt's disease, water on the brain, water brain fever.

This list could easily be enlarged, but the variety of terms already given is sufficient to show the great diversity of opinion which has existed in regard to a disease which at the present day is quite generally conceded to be due to abnormal cell proliferation, and may take place not only in the subject having a tubercular taint, but in a perfectly healthy child, who has been subjected to any of those causes which will produce rapid and imperfect or atypical cell growth.

The symptoms of this disease have been divided into three stages. Such a division must necessarily suffer change, but in the study of the disease, it is perhaps well to recognize them.

First, is the stage of *irritation*. The symptoms present at this time are variable and peculiar, and will in all probability only be recognized in those having distinct symptoms of tuberculosis, usually of the pulmonary variety. There is progressive emaciation, particularly marked in the body and wanting in the face, sometimes headache but more frequently vertigo and unsteadiness in walking, and in many cases constipation, or alternate diarrhœa and constipation, usually however preceding any symptoms referable to the head we find a slight fever in the afternoon, and in most of the cases vomiting. The fever is decidedly remittent, and the vomiting, unless seen by the physician, is easily explained by the attendants as caused by some slight indigestion, or due to biliousness, a favorite disease, as you all know, among the people. The fever is very liable to mislead, and taken without a careful consideration of all other symptoms, the disease at this time may be diagnosticated as infantile remittent. I have made this mistake myself, and have seen it occur in the practice of those older and possessing far greater diagnostic powers than I do. The vomiting is cerebral usually from the first; it is forcible, ejected to some distance from the mouth, not, as in indigestion, attended with nausea, eructations and the like, but expelled with great force with none of those concomitant symptoms. During the close of this stage, which in my experience lasts from 6 to 10 days, the child becomes feverish and very irritable. It throws

itself about from place to place, is contented only for a moment in its mother's arms, and then only for a moment in the arms of the next attendant. It throws its head and arms wildly about, and the good natured and happy little one becomes cross and exceedingly restless. In many cases, especially those who have been relatively healthy and not the subjects of the tubercular or scrofulous diathesis, and yet who die of tubercular meningitis developed in a manner and from causes I shall presently enumerate, these symptoms of progressive emaciation are not present. The first noticeable symptom, in many cases, will be a periodical fever, irritability and vomiting.

The second stage is that of *pressure*. The pupils, even before any other sign of this stage is present, will, if noticed carefully, be found contracted, but after the symptoms of this stage are fairly inaugurated, they will usually be found to be dilated. The child has become more quiet; there is in the early part of this stage occasionally a vacant stare, which in the course of a few days is succeeded by fixedly dilated pupils, which fail to respond to light, and in many cases absolute want of sight. The child may now be partially comatose at times, and convulsions and contractions often take place. Indeed, convulsions, either partial or complete, are liable to occur throughout the disease; also contortions of the muscles of the face, and grinding of the teeth. In one or two cases I have noticed a tendency to contraction of the muscles of the neck, and indeed this was the particular symptom in one case which alarmed the mother, after the restlessness and irritability of a week, which had been thought to be incident to teething, was quieted, and the mother was laboring under the delusion that her little one was improving. The quiet was coma, and the child was in the midst of tubercular meningitis. The pulse, which may have been somewhat slow, has at this time usually increased in frequency, and toward the commencement of the third stage begins to be irregular. This symptom has in a few cases been the first of brain pressure.

The third stage is that of *paralysis*. Coma increases — the pulse is very rapid and markedly irregular — the respirations are sighing — there is difficulty, if not inability, to swallow — the surface of the body, while hyperæsthetic at first, now comes to

be anæsthetic — prostration increases — the eyes are covered with a film, and death closes the scene.

During all this I never have discovered anything particularly useful from the temperature or from observation with the ophthalmoscope. The value of the last named instrument, however, in the hands of other observers, I will notice at another place in this paper. In the recapitulation of symptoms given above, I have necessarily omitted many, and have confined myself to the picture of the disease pursuing a normal course.

Following I append a list of eleven cases, from which I deduce the results and opinions given in this paper.

I call particular attention to the family history, and to the indications of *trauma* as a cause of the disease.

Cases.

Name.	*Age.*		*Duration.*	
*Gracie N.	18 mos.	Scrofulous diathesis or taint.	2 days.	Father very healthy. Mother had enlarged glands at birth of this child, but since has become much stronger, and two children since born are apparently perfectly healthy.
Ida N.	11 mos.	Tubercular diathesis.	14 days.	Father died of consumption.
Nellie G.	3 yrs.	Scrofulous diathesis otitis.	15 days.	Both parents young and small. Purulent discharge from ears for months.
Walter G.	30 mos.	Scrofulous diathesis otitis.	11 days.	Otitis existed in father when young—a kind of chronic family complaint.
Charley V. V. With Dr. Jones.	15 mos.	Tubercular diathesis.	14 days.	Father in all probability has phthisis—so stated by family physician.
Maud C.	2 yrs.	Fell down stairs.	20 days.	No taint apparent. Father and mother were healthy. The child never had any prostrating disease.
Rollie P.	1 yr. 6 m.	Scrofulous diathesis	5 days.	Scrofula 2nd generation back.
Annie L. A.	2 yrs.	Fell down stairs.	1 month.	No taint apparent. Father and mother both dark complexion, Germans, and perfectly healthy.
Lilian N. With Prof. Danforth.	2 yrs. 9 m.	Fell down stairs.	16 days.	No taint apparent.
Thomas C.	15 yrs.	Necrosis tibia.	Symptoms referable to brain 10 days.	

* It is quite probable that this case was acute non-tubercular meningitis.

Cases—Continued.

Name.	*Age.*		*Duration.*	
Emma G.....	9 mos.	Tubercular diathesis.	4 weeks.	Mother had three sisters die from water on brain. Commenced to emaciate 4 weeks before death; constipation; cross and irritable; fever p. m.; *cerebral tache;* head retracted toward side. Pulse 135, temperature 101, 5 days before death. Pulse 190, 2 days before death.

In the majority of these cases we have evidence of the tubercular or scrofulous diathesis, and from the usual and accepted ideas of pathology we should have no trouble in divining the cause of the tubercular meningitis taking place in children born of parents with this taint.

The following case, No. 9 in the list, I give in full for several reasons. It was in a healthy family; there was an injury; a *post mortem* was permitted and tubercle was found. It illustrates one of a few cases which have come under my observation where, with our previously accepted ideas of pathology, it is difficult to trace the cause of the disease. I have discovered no new pathology; but we have here a field for study.

This case, then, I give in full, particularly the result of the *post mortem.* It occurred in the practice of Prof. I. N. Danforth, and was published by him in the *American Quarterly Microscopical Journal.* I saw the case in consultation, and was present at the autopsy.

Lilian N. came under Dr. Danforth's care April 4th, 1878. She was two years and nine months old, and had been, up to a short time previous, a bright, active and well-developed child, with a good degree of strength and health. She had blue eyes, a light complexion, and a fair, transparent skin. Some three or four months previous she fell downstairs, and received a slight contusion over the right parietal bone. It was not regarded serious, however, and was soon forgotten.

A few weeks later, members of the family began to observe that the child manifested unusual irritability and fretfulness, this being more noticeable from the fact that the little one had

always been a remarkably cheerful and happy child. Her wonted cheerfulness and vivacity, however, were now replaced by depression and irritability. She would cry long and vigorously upon the smallest and most absurd provocation, and she was acquiring an unusual and unaccountable temper. At this time the doctor was called. The child presented these peculiarities of disposition: had a fever every afternoon, and had the appearance of "being moderately sick and very nervous and cross from an ordinary infantile remittent." The case rapidly grew worse, and the doctor noticed unmistakable symptoms of meningitic disease. Dr. Bridge now saw the child, and a day or two following I was requested to visit her. It seemed to me that there was no question about the diagnosis, and subsequent events demonstrated the correctness of the conclusion. The child died twelve days after the doctor was called to see it.

A *post mortem* was held the following day, at which were present Drs. Danforth, Duncan and the writer. The body was not very much emaciated; the disease having run an unusually rapid course, the wasting of the body was somewhat less than usual.

The Head.—Very slight adhesions were found between the dura mater and the calvarium. The dura mater was opaque and slightly rough, and its usual glistening appearance was gone. Along the line of the sagittal suture, numerous white elevations as large as a bird-shot were seen. The vessels of the dura mater were engorged with blood. Well-marked fluctuation was felt when pressure was made upon the surface of the dura mater. Upon removing the dura mater, the vessels of the arachnoid were found to be greatly distended with blood, and inflammatory products were plainly visible on both margins of the longitudinal fissure. Upon examining the smaller vessels of the arachnoid with a hand-glass, a great number of minute, bead-like nodules were seen around and along their margins. The microscopic structure of these nodules will be described presently. The common vascular plexus of the pia mater was the seat of very extensive tubercular deposit; upon nearly all the smaller vessels masses of tubercle were deposited; some of these masses were too small to be seen with the naked eye; some were so large as

DESCRIPTION OF PLATE, from a Camera Lucida Drawing by Dr. Mary J. Mergler.

Fig. 1. Showing a fusiform nodule of tubercular deposit, at the point where the arterioles originate. The shriveled appearance of the distal portions of these vessels is well shown. X 75.

Fig. 2. A tubercle nodule in the continuity of a larger arteriole; at one point (a) the wall of the perivascular canal has apparently given way, and the tubercle corpuscles are escaping. It is barely possible that the manipulations incident to mounting the specimen may have produced the rupture, but I think not. At all events, the perivascular wall at this point was thinned to the last degree, and would very soon have yielded to the pressure of the multiplying, tubercle corpuscles X 75.

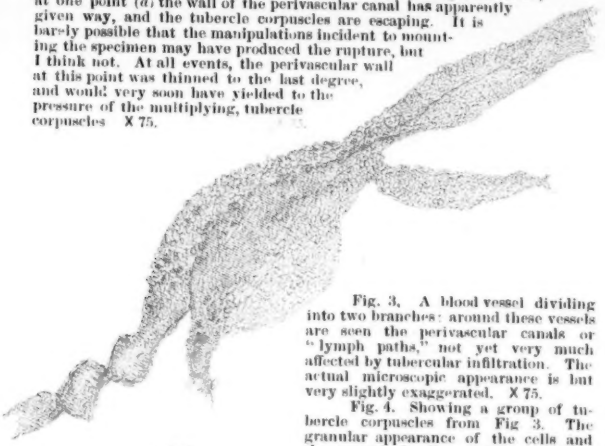
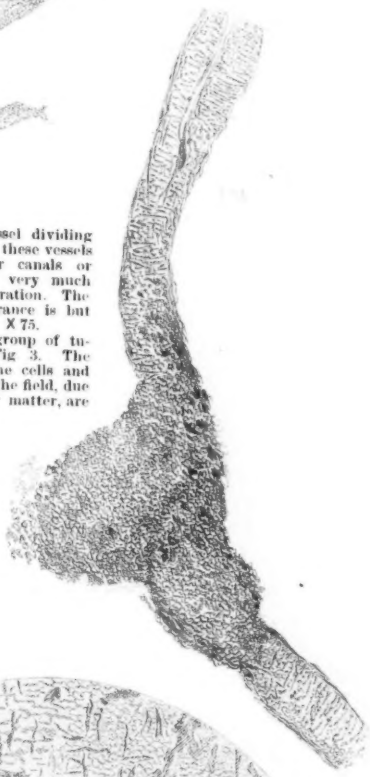
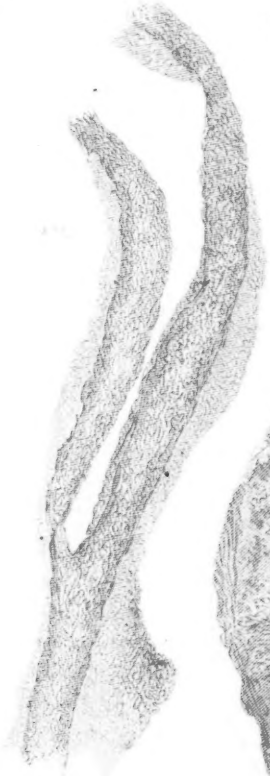
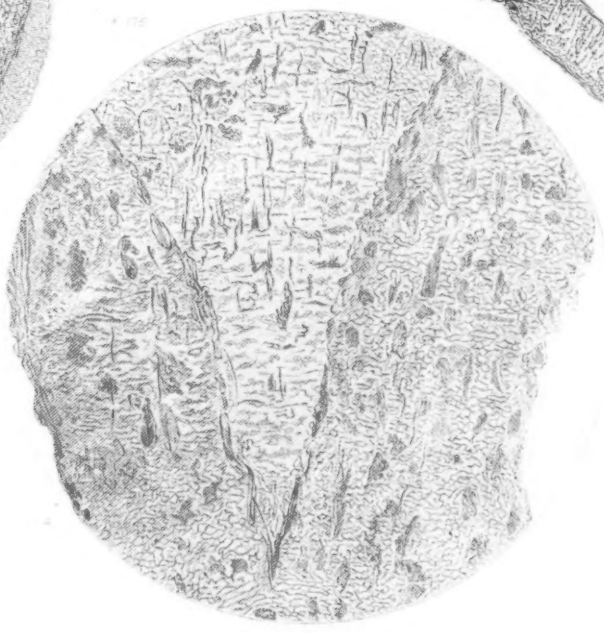


Fig. 3. A blood vessel dividing into two branches: around these vessels are seen the perivascular canals or "lymph paths," not yet very much affected by tubercular infiltration. The actual microscopic appearance is but very slightly exaggerated. X 75.

Fig. 4. Showing a group of tubercle corpuscles from Fig 3. The granular appearance of the cells and the general cloudiness of the field, due to the presence of granular matter, are well shown X 375.







to present distinctly projecting, nodular eminences upon the periphery of the vessel, but the great majority consisted of deposits from the size of a small pin's head to the size of a medium bird-shot. They generally surrounded the vessel, and were either fusiform or spherical. Each nodule was quite isolated, and seemed to be the product of a special center of growth. The microscopic appearances will be described hereafter. The floor of the lateral ventricle was not particularly changed, but the superior surface of the left posterior cornu was softened. The choroid plexus was very pale and anæmic. The floor of the fourth ventricle was thickened, and the seat of considerable tubercular deposit. The substance of the cerebrum and the cerebellum was slightly softened, but not otherwise changed. The thoracic and abdominal organs were healthy.

I come now to consider the cause, or, if more than one exist, the causes, of this terrible disease; a disease, concerning which Vogel and many others say, that in their experience not a single child has recovered—that the prognosis is absolutely fatal.

1st. Undoubtedly the great majority of these cases arise from one cause, namely, the presence of tubercular deposit in some other part of the body. A local cheesy deposit is usually found somewhere, aud tubercular meningitis is part of a general tubercular disease. From the local point of infection, which may be in the lungs or bronchial glands, or any enlarged lymphatic, there is a distribution, either by way of the blood vessels or lymphatics. In the disease under consideration, it is quite probable that the blood is the means of conveyance, for, as we shall see, the lesions are largely in the vicinity and involving the smaller vessels of the base of the brain.

There can be no doubt but that a great majority of deaths from tubercular meningitis take place in families infected from hereditary taint. Sometimes an entire family is lost, the younger members from this disease, and the elder from tubercular troubles as we usually see it developed in adults. Under strict hygienic surroundings the little ones who have received the taint from parents may remain for a long time without its development—indeed it may never be developed, or, as I believe, it may be removed.

2d. While it may be thought that I am retrograding instead of advancing, it certainly seems to me that we are each year accumulating evidence which will ultimately make it certain that tubercle may be propagated by infection. That those intimately associated with the tuberculous often die of the disease, we cannot doubt, and there are now excellent grounds for the opinion long since expressed by Waldenburg, that minute particles exhaled and expectorated from the lungs, may be the medium of infection. (Smith.)

3d. A certain number of children whom I have seen die from tubercular meningitis, have presented no signs of the tubercular or scrofulous diathesis. It is true that I have not had the opportunity of making a post mortem in all these cases, but I have presented the results of one, which, although not enough to form any conclusion whatever, yet in connection with what others have said and observed shows, at least to me, the possibility of this disease developing in those who have no taint whatever, and who have never been exposed to those causes which may propagate the disease by direct infection.

Some one has said that tubercle is simply nodified *connective tissue*, and the experimental investigations commenced by Villemin in 1865, and followed out by Burdon Sanderson, Wilson Fox, Cohnheim and others, seem to demonstrate the fact that artificial irritation beneath the skin, producing an inflammatory product, may, after the lapse of time, by disseminating inflammatory lesions, produce in various organs and tissues, products which present a special tendency to become caseous. Not only is it found that the introduction of certain pathological products, such as tubercle, thickened pus, etc., will produce this result, but finely divided foreign substances not animal, as aniline blue, and traumatic irritations under the skin giving rise to inflammation, such as the use of the seton, will and have produced tubercle in the lung or other organs.

If these discoveries stand the test of future investigation, and are demonstrated to be true, they will be of great importance to us in tracing the causes of different forms of tuberculosis which have hitherto been obscure. The procedure in an experimental case is something like this. A minute particle of this inserted

substance is carried to the lung or brain. At the point of deposit an inflammation, and abnormal rapidity of cell proliferation takes place, a product of rapid and imperfect growth is formed, atypical cell development and the so-called tubercle is the result. A child falls from its bed, or down a few stairs, or from a trunk or box, and strikes its head. It may vomit and give some slight evidence of cerebral disturbance, but it is soon forgotten. A very slight injury, not noticeable, was produced, a few drops of pus, or a small coagulum formed, or perhaps only nutrition to a certain part of the brain delayed or disturbed for a short time. It was the *trauma*, however, from which a slight deposit was carried, or around which rapid cell proliferation took place, the formative irritation has occurred, connective tissue has become modified and tubercle may be the result.

That a slightly traumatic injury in a perfectly healthy individual, without the peculiar susceptibility of which we hear so much, will produce tubercle we cannot of course say with certainty. It has seemed to have taken place in a few of my patients. But, with the least scrofulous taint in a child's system, if passed unheeded and no attempt is made to avert its development, no one thing is more clear than that a multitude of diseases, such as whooping cough, pneumonia, catarrh following measles, etc., are capable of rendering certain tissues cheesy, and places from which absorption may take place; and traumatic lesions of the extremities, joints or periosteum, with this tendency, are all that is necessary to produce the abnormal transformation of which I have spoken.

But not to extend to any further length the possible way by which tubercle can be formed in the brain, I will conclude what I have to say in regard to the pathology of tubercular meningitis by quoting from Dr. Danforth's paper, already referred to, the conclusions suggested by his own and other observations:

"1. The lesions peculiar to tubercular meningitis are necessarily, if not exclusively, confined to the smaller blood vessels of the membranes (especially the pia mater) and of the brain substance; and all other lesions are probably secondary to those above mentioned, and are directly or indirectly produced by them.

2. The lesions in question are *always* exterior to the tunica

interna, and therefore have no direct structural relation to the circulating blood.

3. The primary seat of pathological activity in tubercular meningitis, is in the perivascular spaces or canals, which surround the smaller blood vessels of the brain and its membranes, as described by His and others; and in its early stages at least, is essentially inflammatory in its nature, the inflammation being at first limited to the meninges.

4. As a consequence of the initiative hyperplasia, which results from, or rather forms a part of the process of the inflammation, an abnormal rapidity of cell proliferation takes place within the peri-vascular spaces; in other words, the leucocytes or bioplasts (Beale) contained in the lymphatic channels, are produced with unwonted haste, and therefore with corresponding imperfection, and the product of this rapid and imperfect growth is the so-called tubercle."

Diagnosis.

It does not appear to me that we have any one symptom pathognomonic of this disease, and it will be only by taking into consideration the entire group of symptoms with the hereditary predisposition, or the history of some traumatic irritation, that we can come to a safe diagnosis. With the cerebral diseases with which tubercular meningitis may be confounded, I cannot stop to speak; nor can I take your time in speaking of any resemblance tubercular meningitis in adults may have to typhoid fever. Typhoid is such a remarkably rare disease among young children in our country, that our diagnostic skill in this respect will hardly be taxed to any extent.

Remittent fever is the disease, more than all others in this climate which will be found to simulate the first stage of tubercular meningitis. The periodical fever, the vomiting and the indifference, almost drowsiness, which we notice in this fever, is exceedingly difficult to distinguish from the stage of tubercular meningitis I have mentioned. We usually find more restlessness and the peculiar cerebral vomiting, and some symptoms referable to the eyes in the meningitic disease. Undue vomiting for several days, and the persistence of the periodical fever after treatment with quinine, give me uneasiness, and in these cases I am

always fearful that I am to have developed a more severe disease than any of those of malarial origin. Cases will frequently occur in which our diagnosis will have to be suspended for a few days.

The differential diagnosis between simple and tubercular meningitis, although exceedingly difficult and sometimes absolutely impossible, may be best understood by the following synoptical table:

Tubercular Meningitis.	*Simple Meningitis.*
1. For several weeks the child has emaciated. It has lost its strength and it has become peevish and irritable.	1. No prodromal period.
2. The child has in the majority of cases either scrofulous or tubercular antecedents.	2. Healthy progenitors.
3. May have cheesy degeneration from previous disease, or necrosis.	3. No previous disease.
4. Invasion. Symptoms obscure; periodical fever; vomiting; generally no local symptom for several days.	4. Invasion. Symptoms *acute;* intense continued fever; vomiting; violent headache, with great heat.
5. No convulsions in many cases until second stage; respiration unchanged.	5. Convulsions usually from the first; respiration very hurried.
6. The disease has every appearance of being mild and easily amenable to treatment.	6. The disease has appeared severe and dangerous from the outset.
7. Course from this time generally slow. The fever becomes continued; pupils changeable. Symptoms of brain pressure usually appear slowly; pulse irregular; coma; paralysis.	7. Course rapid; convulsions may take place with quick succession, and death result in from one to three days from the commencement of the attack.

The *tache cérébrale* is present in both diseases, and nothing pathognomic can be determined from it.

The ophthalmoscope has been used as an instrument of diagnosis in these diseases, but except as confirmatory of the general symptoms, it is not regarded of great value. In acute disease: "Stasis in the retina alone, indicates only general swelling of the

whole brain; positive neuro-retinitis points to an inflammation at the base" (Huguenin).

Congestion and œdema of the optic papilla and surrounding tissue, with tortuosities of the retinal vessels, are more frequent in tubercular than in simple meningitis, since the inflammation and exudation more frequently involve the base of the brain; but diagnostic points of value in this disease can only rarely be made, as the symptoms observed are so nearly allied to those seen where tumor or abscess of the brain exist.

Treatment.

From what has already been said, it is inferred that the majority of observers believe this to be almost, if not entirely, a uniformly fatal disease. Of course I cannot here discuss the possibility of certain cases which have been diagnosticated as tubercular meningitis, and have recovered, being simple meningitis, or simple basilar meningitis. We know to a certainty that in almost every case in which the disease is fully developed, death is the final result, and that only in prophylaxis can a physician obtain any results at all satisfactory. The presence of the tubercular or scrofulous diathesis may in a great number of cases be removed, if one could but have the hearty co-operation of the parents. Mothers with this peculiarity should be informed in regard to the probable taint they are to communicate to their offspring, and everything in the way of nourishment and nutritious medicaments should be administered. It is quite possible that such mothers should not be allowed to nurse their children, although I am always unwilling to deprive any child under the year of its proper maternal food—"a food which nature does not afford, nor can art supply a substitute"—unless there is some grave reason for such deprivation. Children in whom there is the faintest possibility of such a taint, should be given the benefit of the country air, if possible—good hygienic surroundings, perfect nutrition—especially a sufficient dietary, for, must I say it, in this blessed land of ours, children do starve to death. Diseases which produce a tendency to the diathesis I have spoken of, should be prevented by avoiding the opportunities of receiving the contagion into the system. I know it is wholly impossible

to prevent all children from coming in contact with whooping cough, measles, diphtheria and the like; but there is no reason why the effort should not be made with this peculiar class of children.

They should have the benefit of cod liver oil and syrup of the iodide of iron — the malt and hypophosphate preparations. Above all we should not, because a child is slightly tubercular or scrofulous, despair of either staying the disease or of ultimately restoring to the anxious parents a healthy and robust child. The hopeless pathology of fifty years ago, indeed, gave no hope, but more recent conclusions give a brighter future. While it is doubtful if tubercle in the brain is ever cured, it has been abundantly shown by Niemeyer and others that in other parts of the body it is amenable to treatment, and that by several modes recovery does take place. Rokitansky gives us three methods by which active tubercles may disappear, and there are many reasons why we should attempt the removal, or at least render inert these primary deposits, and thus remove from our patients the danger of secondary deposit and tubercular trouble within the brain. We should not wait till we believe tubercle is deposited, but from the moment we are satisfied nutrition is impaired, or in a condition where tubercular deposit may take place, we should commence treatment. I cannot take the time of the society by enumerating the particular combinations of medicine useful in these cases, or a categorical display of foods suitable in quantity and quality for these little patients. Indeed it would be quite gratuitous to enter into details in the presence of gentlemen so many years my senior. One suggestion and I conclude. It is generally believed that children are not injured by falls and contusions which in older persons would be quite noticeable. Undoubtedly in the main this is true, but if the recent experiments in traumatic irritation are established, it will be well for us as physicians — indeed, our duty — to inform our patrons that it is not absolutely necessary, in order to have a superior intellect developed in a child, that it be encouraged to fall from its bed, or from the tree in the back yard, or allowed to roll down the stairs as a pastime. Traumatic injuries should be avoided — not that one in a hundred die from them, but to avoid the death of

this one, which may be the one above all others in which we are interested. It is a high calling to cure disease, to ameliorate suffering; but preëminently more sublime is it to prevent disease, to so change and fortify the youthful constitution which has come into the world maimed and crippled, that its future may be one of health and usefulness.

ARTICLE III.

THE CORN DOCTOR'S PROGRESS. By EDMUND ANDREWS, A.M., M.D.

Those who remember the humble but rascally corn-doctor of yore, who aspired to nothing higher than a simultaneous shaving of the corns and the purses of his customers, may learn that this despised business is undergoing a change, and that it bids fair to become as honest and legitimate a specialty as dentistry.

Some readers will remember one of the old stock who appeared years ago in Chicago, with a sign 3 feet wide and 25 feet long, lettered something as follows:

JOHN DOE, CHIROPODIST,
ANATOMICAL PROFESSOR OF THE PATHOLOGICAL DISEASES OF THE HUMAN FOOT.

He published pretended letters from Queen Victoria and Napoleon III., thanking him for the amazing talent and "grande habileté" with which he had pared their imperial corns, and charged ten dollars a corn for extraction, with a guaranty of permanent cure. He had a trick of shaving off the callosity in successive layers, and charging each layer as a separate ten dollar corn. In this way he found on one astonished Chicago gentleman nine corns on one spot, and in a few minutes delighted him by presenting a bill of ninety dollars. He took care to leave town before the corns had time to grow again.

This is a prosaic age, and such magnificent specimens of impudence appear no more among us. The enterprising corn-doctor has departed, and in his stead appears the modern chiropodist, who goes quietly and honestly about his work, like other common mortals.

We have in Chicago five of them. They make no secret of their methods, and I had no difficulty in collecting the following information. They say with one voice that there is no literature of any consequence on the subject, and that they are obliged to learn the business from each other without the aid of books. In this, however, they are partly mistaken, for a good deal has been printed on the subject, but it must be confessed that most of it is of a wretchedly poor quality, and of such a contradictory character, that the less it is read, the less it will confuse the student. All text books on skin diseases and general surgery touch upon the subject, and there are numerous treatises and articles about it in French and German, but the absurd and contradictory remarks let slip by some of the most eminent authors are discreditable to our profession.

The Chicago chiropodists seem for the most part to be pursuing their business in an honest and reputable manner, and some of them have the very best families of the city and of the country among their patrons. They are rising by degrees towards the rank of a legitimate and honorable specialty, though at present they are decidedly lacking in the amount of education which they ought to possess.

Their work is upon corns, bunyons and ingrowing nails. For extracting corns the price is from half a dollar to a dollar each, and they take care of patients by the year for $10 or $20.

They have the same obscure and contradictory ideas about the structure of corns, which exist among authors, especially on the question whether there are originally any living papillæ running up through the central spike or "*racine*" of the corn. I have not learned of any investigations among them to settle the point, other than to note the little blood clots occasionally enclosed in the "racine."

Their instruments are simple. One family of chiropodists, which has branches in New York, Boston, St. Louis and Chicago, use mostly small, thin chisels, with the edges running obliquely across the blade. This is handled with a lateral movement, while a much narrower kind is used to work around and lift out the central root. Some instruments have round ends for working between the toes. After extraction the operator cuts a hole in a

small piece of thick buckskin, and applies it over the spot by the help of adhesive plaster, and they thus relieve the patient for two or three months.

They all agree, of course, that faulty shoes are the cause of the corns, and their uniform direction for correct ones is to make the heels low, so that the foot shall not slide down upon the toes; to have it snug on the instep to hold the foot back, and to make the toes wide and long. One of them has a shop attached to his office, where he superintends the construction of proper shoes for his patrons.

A chiropodist named Willard has an operation for ingrowing nail, which may be original; at any rate, I have not yet found it in any book. He asserts, what is pretty nearly true, that the term ingrowing nail is a misnomer, the nail itself being unchanged in form. It is simply an overgrowing of the flesh, with inflammation. He neither extracts the nail nor slices off the overlapping flesh, but cuts out a narrow ellipse of tissue near the nail and parallel to its border, claiming that the border itself, where it rests against the edge of the nail, has its special structure adapted to its location, and ought not to be sacrificed. The removal of the strip of flesh being accomplished, he brings the edges of the wound together with fine sutures, thus drawing the border away from the nail, and effecting a cure. I have not yet tried the plan, but it seems worthy of being tested.

When the chiropodists have made a further advance in education, they will probably add the treatment of talipes to their work, but at present they are neither competent for it nor attempt it, except in a few instances.

They are now in a transition state, but we may hope in time to see them become a well-educated class of men.

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CHICAGO, No. 6 SIXTEENTH ST., May 1, 1879.

Clinical Reports.

ARTICLE IV.

COOK COUNTY HOSPITAL.

(Reported by JEROME H. SALISBURY, M.D., House Surgeon.)

I. Periodical Mania.

Case No. 23,205, A. C., was admitted Feb. 3d, 1879; age, 25 years; occupation, a driver; native of the United States.

He gave the following history:

He had been always healthy previous to the present attack, except that he received an injury to the head about eight years ago, from which he recovered perfectly. His habits have been temperate.

Fifteen days ago he came home in the evening earlier than usual, and talked in a strange, inconsistent way. He had three or four scratches on his head, and over the frontal bone was a lump 5 Cm. in diameter.

It was afterwards learned that he had fallen out of his wagon while in motion, but had gotten into it again, and was found under a shed insensible. That night he vomited constantly. About two o'clock a.m., he became rational, and continued so to all appearance for six days. During this time he had some headache, and complained of the noise and the light. He did not vomit after the first night and morning.

On the seventh day he had chills and fever. He lost his reason again at about 11 a.m., regaining it the next morning.

The next two days he had chills and fever, and became maniacal at about 11 a.m., regaining his reason the next morning. After this, until his admission to the hospital, he had a similar attack of mania every day at 11 a.m.

On admission, the patient was maniacal, undertaking to injure all who came near him, and talking wildly and inconsistently, His pupils were moderately dilated. His temperature was 37.8; his pulse strong and full. He was restrained by a straight jacket, and given doses of potassium bromide and hydrate of chloral. Towards evening he became more quiet. He rested quietly from about six to nine p.m., when he became restless and maniacal. Another dose of bromide and chloral was given, and he rested fairly well during the night.

The next morning, Feb. 4th, the patient was quiet. On account of the intermittency of the attacks, he received one half gram of sulphate of quinia at about 9 a.m. A dose of bromide and chloral was also given. The paroxysm of mania did not occur. In the evening the patient was quiet. He had a little headache, ate well, and his bowels moved.

Feb. 5th and 6th he received 25 centigrams of sulphate of quinia, and no paroxysm occurred. On the night of the 6th he was somewhat delirious, but not violent.

He was quiet all day on the 7th, but was not rational. The next day he became rational, and continued so. He improved in every respect until the 14th, when he was discharged recovered.

When last heard from, the patient was pursuing his business and was well, with the exception that he had some pain in the head whenever he became excited.

II. Cancer of Gall Bladder and Multiple Abscess of the Liver.

Case No. 23,264, M. McC., age 63; occupation, a janitor; born in Scotland. Admitted to the hospital Feb. 13th, 1879.

Patient's family history was good. At the age of 17, the patient had intermittent fever. At the age of 20 he had, while in South America, an attack of dysentery lasting about three weeks. At the age of 40 he had, while in India, a low form of fever prevalent in that country, which lasted about six weeks, the convalescence from which occurred in eight months. Since this time his health has been excellent. His habits have been temperate.

About two weeks previous to admission, he began to have

severe headache and fever. The next evening he had a chill and a pain in the right lumbar region. The third evening he had another chill, with pain extending around to the front.

From that time until admission he had no chills, but the pain continued, with slight remissions and exacerbations. During this time his appetite was poor. His bowels moved once in the two weeks. He had no nausea nor vomiting.

On admission, the patient was seen to be fairly nourished. His pulse and respirations were normal. His tongue was large, moist and flabby. His appetite was poor, and his bowels had not moved for six days.

The liver was found to be somewhat enlarged and tender. The urine was: sp. g. 1028 — reddish yellow, neutral — no albumen, no bile. The urine was examined on the two succeeding days with the same result.

The conjunctivæ were somewhat yellow, but the jaundice was not very marked. February 17th, the jaundice was more marked and continued to increase until February 25th, when it became very marked, the skin being quite yellow. From this time until death, this symptom continued with slight fluctuations. February 23d, the urine gave a reaction for bile. Constipation and tenderness over the region of the liver were constant symptoms throughout the course of the disease. About two weeks after admission, enlargement of the veins over the region of the liver was noticed.

March 5th he had a chill and had chills at irregular intervals of two or three days until his death. His appetite became still poorer, and he emaciated greatly. His sleep was very poor. He had frequently pain in the lower part of the abdomen. He sweat profusely at night. He grew weaker gradually and died May 4th. His temperature for the last two months ranged from 97–99 in the morning, and from 100 to 103 in the evening.

Autopsy: Heart, lungs, spleen and kidneys, normal. The liver was very much enlarged and of a dark brown color. The extremity of the gall bladder and the surrounding tissue were the seat of a cancerous growth. The gall bladder was filled with a green, watery fluid, containing a number of gall stones. In the

right lobe of the liver near its outer margin, were two secondary cancerous masses of the size of a walnut.

On section of the liver the hepatic ducts were found much dilated, and in their walls numerous small abscesses were found. Microscopical examination showed the cancer to be a cylindrical epithelioma, and the secondary masses were of the same character, rendering it probable that the cancer germs had traveled up the bile ducts to reach the spot where the secondary masses were deposited.

III. Stricture of Trachea.

No. 23,419, Matilda F., age, 31; occupation, housewife; native of Germany; admitted March 17th, 1879; family history, good. Her previous health was good until a year ago, when she took cold and began to cough. Her cough increased in severity, and also the quantity of expectorated matter until admission, being aggravated by fresh "colds." Two weeks before admission, she took to her bed, and had chills nearly every day until admission. On admission, the patient was poorly nourished and emaciated. She stated that the emaciation had come on since Christmas. Her appetite was lacking, but she had great thirst. Her tongue had a slight dirty yellow coat. She had some looseness of the bowels. She coughed a good deal and expectorated an abundant thick white sputum. She had considerable dyspnœa. She had night sweats. She had no pain anywhere.

Examination showed the percussion note good over the entire chest. Expiratory murmur prolonged both in front and behind. Dry and moist râles were heard scattered over the chest. The vocal resonance was good. The diagnosis made was bronchitis and asthma.

March 24th she had a chill; March 26th she had a chill. March 29th, a whistling murmur heard with the first sound of the heart, and heard only on the right side of the sternum, was found.

April 9th, the râles had disappeared. April 16th, had two chills. Her appetite at this time was good. On the 29th of April, she was feeling well. May 4th, she died suddenly with great dyspnœa.

Autopsy, 36 hours after death; heart, brain, liver and spleen normal. Some chronic gastric catarrh. Lungs: old pleural adhesions were found. There was found a catarrhal pheumonia of the anterior and inferior portion of both lungs; also a bronchitis of the larger as well as the smaller bronchial tubes. Just above the bifurcation of the trachea was found a fusiform stricture about an inch in length, and narrowing the caliber of the trachea to about a line in diameter. The stricture was in an ulcerated condition. Death was probably due to the blocking up of the narrowed trachea with a plug of mucus.

NOTES FROM PRIVATE PRACTICE.

ARTICLE V.

Three Cases of Dropsy of the Amnion.

In the February number of the JOURNAL AND EXAMINER appears an article from the pen of Gusserow, of Strasburg, upon the origin of the amniotic fluid which he claims to be exclusively a fœtal product, secreted by the kidneys of the child during the latter months of pregnancy. He bases his belief upon the fact that hippuric acid has been found in this fluid and therefore it must be derived from the urine of the child, because this acid is never found outside of that excretion. It may be possible for urine to be discharged into the amniotic cavity during the latter months of pregnancy, but that it is so discharged and is the cause of its accumulation there, I very much question. The amnion is formed from the external layer of the blastodermic membrane and contains a sero-albuminous fluid which constantly increases to accommodate the growth and movements of the fœtus. The quantity of this fluid varies in different pregnancies and when it accumulates sufficiently to cause premature labor or death of the fœtus, it then constitutes a disease denominated dropsy of amnion.

It is practically of no importance to the active practitioner whether the amniotic fluid comes from the child or from the mother as all therapeutical treatment is only palliative or positively useless as in the case herein reported, two of which occurred several years ago.

In November 1871, I was called to see Mrs. Watson, a large, muscular and well developed woman, age 36, suffering from an abdominal distention which she informed me had increased very rapidly during the last month, causing frequent palpitations of the heart, laborious respiration with inability to long retain a recumbent posture. She had transient pains in the loins and back and much tenderness over the uterus which seemed to occupy the whole of the cavity of the abdomen. She was in the eighth month of her fifth pregnancy. Diagnosis, dropsy of the amnion.

The following day she was taken in labor which made slow progress until the membranes were ruptured when an enormous quantity of fluid was discharged, flooding the patient, bed and floor, the amount of which I had no means of ascertaining. In two hours she was delivered of a still-born child weighing six pounds, perfect in limb and body but with its cerebrum entirely wanting and between the superciliary ridge of the frontal and the occipital protuberance no osseous formation, this area only covered by a loose and flabby integument giving the child a hideous and unsightly appearance. It was very difficult to ascertain the presenting position of this monster which probably had died before labor commenced when the mother had chills, several fainting fits and complete cessation of motion in utero. Under the use of ergot the uterus contracted firmly, expelling a normal placenta with only slight hæmorrhage, the mother making a perfect recovery.

In March 1872, was called to attend Mrs. Sappa, small, well formed blonde, age 24, in labor at full term of second pregnancy where the same dropsical condition occurred as in the case above reported, though in a minor degree. After a short labor a monster was born similar to the above, no brain or cranial bones above the ears; this surface covered by a loose skin well supplied with auburn hair. The child was alive at birth but never respired. The mother made a good recovery and has since passed a natural confinement with perfect child.

The following case is deserving of note because it shows that from whatever source this fluid is derived, the circumstances under which it accumulates are various and cannot be prevented or relieved by any systemic medication.

October 1st, 1878, was called to see Mrs. S., aged forty, six months advanced in third pregnancy, and suffering from an abdominal distention which seemed limited only by her capacity to still further enlarge. Diagnosis, dropsy of the amnion, prognosis, premature labor, certain treatment diuretics and cathartics. On the 3rd, she was taken in labor and upon rupturing the membranes more than three gallons of fluid were discharged into a vessel placed to receive it, soon followed by three perfect, and well developed boys of near six months fœtal life. There was one placenta with three amniotic apartments, which probably communicated with each other or were ruptured at the same time. The mother had some fever subsequently, yet made a perfect recovery.

The above cases suggest the following queries:

If liquor amnii is fœtal urine what caused it to accumulate so rapidly in those cases of imperfect development unless such an abnormal condition of fœtal growth increases urinary secretion, a fact which seems inconsistent with the known physiological action of secreting organs? Were these blighted embryos caused by pressure of fluid cutting off the blood supply to the encephalon? or did their atrophy produce such an accumulation? Cannot this form of disease be explained by the laws of endosmose or exosmose of fluids, through or upon the surface of serous membranes when subject to irritation or inflammation? If not, can three six months boys make three gallons of urine while in utero?

Let the savans answer.

F. C. ROBINSON, M.D.

ARTICLE VI.

Hydrophobia, with Autopsy.

Late in the evening of February 23, 1877, a man was brought in a cart to the Cook County Hospital. He was escorted by a policeman to whose care he had been intrusted, but before he could be carried to a bed, in the very doorway itself, he ceased to breathe. The policeman then produced a note from a physician in this city, certifying that the patient was bitten by a dog, December 12, 1876, and that he had been now for four days

exhibiting all the symptoms of hydrophobia. The hospital clerk recorded these statements, and then proceeded to lose the note, as well as all memory of the name and address of its author. Policeman and waggoner in like manner disappeared, and nothing remained but a friendless corpse, without any history beyond what has been now set forth.

On the following day, about eighteen hours after death, the body was opened in my presence. The lungs were engorged with black blood. The right side of the heart was distended in a similar manner. The left side of the heart was quite empty. The superficial vessels of the entire brain (cerebrum and cerebellum) seemed ready to burst with black blood. Exposure of the centrum ovale showed conspicuous puncta over its whole area. The cortical portion of the hemispheres, and all the gray nuclei in every portion of the brain, were congested, and, especially in the medulla oblongata, exhibited a beautiful peach blossom color. The membranes of the spinal cord, and the choroid plexuses shared in the general increase of vascularity. There was, however, no visible increase in the amount of the cerebro-spinal fluid. The other viscera were healthy. The entire brain and the cervical portion of the cord were placed at once in the hands of Dr. O. C. Oliver, Director of the Rush Medical College Histological Laboratory, who made several hundred sections from different portions of the specimen, but with only negative results. His methods of procedure were as follows:

"1. Examination of sections of the frozen tissues in iodine serum.

"2. Examination of sections made as above, and stained with carmine dissolved in ammonia.

"3. Examination of similar sections in glycerine and acetic acid, instead of iodine serum.

"4. Examination of sections hardened in alcohol and stained with boro-carmine, treated with alcohol to which one-third of its volume of No. 8 acetic acid had been added.

"Some of these sections were mounted in Canada balsam; others in glycerine.

"Sections of the cerebellum, carried through the corpus dentatum, and sections of the medulla oblongata, and of the Gasserian

ganglion, were prepared in the same way, and were examined with powers varying from forty to four hundred and twenty diameters, without the discovery of any abnormal appearances.

"When the specimens were treated with acetic acid and glycerine (20 per cent. of No. 8), a magnifying power of four hundred and twenty diameters revealed a very peculiar appearance in the ganglion cells of the corpus dentatum, and in other cells. I at first mistook this for *granular degeneration* of the cell contents, but a comparison with the appearance presented by similar cells under different treatment proved it to be an artificial product of the acetic acid treatment."

It may be objected that this was not a case of hydrophobia. It is certainly a matter for regret that I did not have the patient under observation *ab initio;* but the statement of the policeman, the medical certificate which undoubtedly did exist, and the macroscopical appearances at the autopsy, all concur to confirm me in the belief that we really had to deal with the results of a genuine case of the disease.

HENRY M. LYMAN, M.D.

NOTE.—May 24, 1879. After a careful comparison of his specimens with similar preparations made under the direction of Prof. Charcôt, in Paris, Dr. Oliver finds no reason for changing any of the opinions above expressed.

ARTICLE VII.

Hypertrophy of the Heart and Effusion within the Pericardium.

Since his return from a visit to Germany last August, Prof. C. W. Denhood, our late county recorder, has complained of frequent attacks of difficult breathing and constriction of the chest, and at times almost amounting to suffocation, the dyspnœa becoming so great that upon more than one occasion his attendants as well as himself thought he was dying. These attacks generally came on in the night, from one to two hours after midnight, and would last until 3 or 4 o'clock, when they would pass off with cough and expectoration of glossy mucus. In the morning, he would generally go about his business, and perhaps remain free for a week or two, when, after some slight exposure to cold, he would have a recurrence of the paroxysm, which was always

accompanied with great reduction of temperature, small, feeble pulse and clammy skin, from deficient oxygenation. He generrally found relief from nauseants and sedatives, and sometimes chloroform and ether; these remedies he kept by him, and was in the habit of using as occasion required. About 2 o'clock on the morning of the 24th of February last, I was called to see him in what was supposed to be one of these paroxysms of asthma. I found him in a semi-recumbent posture, and breathing with great difficulty, with a wheezing or whistling noise. Pulse small and intermittent, 56 per minute; temperature, 80; skin cold and moist. He was hardly able to speak, but said that he suffered great pain from the right hip to the ankle, along the course of the sciatic nerve, but he was totally unable to move the right leg or foot. Restoratives were administered, but he rapidly sank, and died in an hour or two after I saw him, dropping away suddenly, like one falling to sleep. Eight hours after death, in company with four other physicians, I made a post-mortem examination. We found the lungs apparently healthy, but compressed and pushed out of place by the great size of the heart and its appendages, which occupied nearly thrice its ordinary space within the thorax. Not only was the heart greatly enlarged, as will be seen from the figures below, but the pericardium was enormously distended with a clear, watery fluid. The heart lay nearly transverse, and the pericardium was distended to its utmost, and looked like a large, distended bladder. After removal of the heart, the pericardium was punctured, and 1,344 C. C. of water drawn off and weighed. The auricles and ventricles were found filled with coagulated blood and fibrinous clots. After these were removed, together with the pericardium, the heart weighed 768 grams. The walls on both sides were thickened, and the whole organ greatly enlarged, but a careful examination revealed no structural disease of the valves. The question arises whether, if the true nature of the disease had been known, relief might not have been obtained by puncturing the heart case and drawing off the fluid with an aspirator; and again, would not this relief have been only temporary, and have to be repeated at intervals. He had only felt the disease troubling him since his trip to Germany some five or six months pre-

vious, but upon enquiring of his family, I learn that for four years or more he has suffered from a cough and sore throat and from slight attack of difficult breathing, but he would not call himself sick. He was a fleshy, robust looking man, of fine personal appearance, a generous liver and an indefatigable worker, being at the same time a musical professor, an editor of a weekly paper, an active and prominent politician and county recorder.

CHESTER HARD, M.D.

OTTAWA, ILLS.

ARTICLE VIII.

Beef and Ice Cream.

The following is an article of dietary importance. I believe it originated with me. It is simple, novel and speaks for itself so far as its efficaciousness is concerned. I combine ice-cream and beef so as to make a homogeneous mass. These are about the properties: 120 grams cream, 30 grams sugar, 8 grams ext. vanilla, 8 grams beef juice ("Johnston's" I have generally used, but the juice squeezed from beef steak is just as good). Any confectioner can make it extemporaneously (or within an hour) or it can be made at home at short notice. It has done me excellent service.

JAMES I. TUCKER, M.D.

THE WOMAN'S MEDICAL COLLEGE.—Dr. Wm. J. Maynard has been elected Professor of Materia Medica, Therapeutics and Dermatology; Dr. Wm. T. Montgomery has been elected Professor of Ophthalmology and Otology, and Dr. E. Fletcher Ingals has been elected Professor of Diseases of the Chest and Throat in this institution. These are wise selections; they will add to the strength and prosperity of the College.

R. S. DEWEY, M.D., 1st Assistant Physician of the Hospital for the Insane at Elgin, has been appointed to the superintendency of the new Hospital for the Insane at Kankakee—a good selection.

Society Reports.

ARTICLE IX.

AMERICAN MEDICAL ASSOCIATION. — THIRTIETH ANNUAL MEETING, HELD IN THE CITY OF ATLANTA, GA., MAY 6, 7, 8, AND 9, 1879.

TUESDAY, MAY 6TH. FIRST DAY.

The Association met in De Give's Opera House, and was called to order at 11 a. m., May 6, 1879, by the President, Theophilus Parvin, M.D. LL. D., of Indianapolis, Ind.

Prayer was offered by Rev. D. W. Gwin, D.D.

The address of welcome was delivered by Dr. Joseph P. Logan, Chairman of the Committee of Arrangements.

The following gentlemen were elected members by invitation: Drs. A. W. Griggs and J. E. McMillen, of West Point, Ga.; C. B. Ridley, of La Grange, Ga.; R. C. Worth, of Decatur, Ga.; J. Dickey, of Thomaston, Ga.; J. C. Walker, of Wilmington, N. C.; W. J. Harrell, of Bainbridge, Ga.; G. Ellis, of Boonville, Mo.; J. B. Roberts and H. N. Hollifield, of Sandersville, Ga.; B. W. Toole, of Talladega, Ala.; R. C. Eve, of Augusta, Ga.; J. T. Slaighter, of Villarica, Ga.; George Homan, of St. Louis, Mo.; and A. M. Owens, of Evansville, Ind.

The following gentlemen were elected permanent members: Drs. J. M. Johnson, H. L. Wilson, J. F. Alexander, C. Pinckney, Jas. A. Gray, D. H. Howell, W. Dean, H. B. Lea, R. B. Ridley, and J. T. Johnson, of Atlanta, Ga.

General F. A. Walker, of Washington, D. C., was invited to take a seat upon the platform.

Letters were read from Drs. H. I. Bowditch, of Boston, J. C.

Hutchinson, of Brooklyn, and H. R. Storer, of Newport, regretting their inability to be present at the meeting of the Association.

ANNUAL ADDRESS OF THE PRESIDENT.

Dr. Theophilus Parvin, of Indianapolis, then delivered his address, which was a most scholarly production, and was listened to with profound attention. The following is a brief abstract: After referring to the great subjects of human study—science, literature, philosophy, and theology—he passed to a department of medicine not limited by scalpel, test-tube, and microscope. Knowledge of the intellectual and of the moral nature of man was just as essential to the thoroughly furnished physician as any knowledge of the merely material organism.

At the very outset of our inquiries was, Why did medicine exist? What reason for it? It was born of human sympathy; it sprang from the heart of man, and was an evidence of humanity; it lived because it could live; it had a right to live. Medicine came in response to the cry of human suffering. Pain was the first lesson in the book of evil which most human beings read in such bitterness of sorrow. The problem of physical suffering, the mystery of pain, was then considered, and Alexander Bain's definition given: "Pain expresses an ultimate fact of human consciousness, a primary experience of the human mind, resolvable into nothing more general or more fundamental than itself." But why was that fact? The most obvious reason for the existence of pain was that which the word itself signified. Reference was then made to the various uses of pain. Even with the various utilities of pain, it still must be referred to as often a mystery—more was hidden than revealed.

Greater than the mystery of life was the mystery of death. Here reference was made to what had been written regarding this mystery by Bacon, Fontenelle, Maudsley, Johnson, and others. But what was man, thus made subject to disease and death? In the human ovum, which neither chemistry nor the microscope could distinguish from the common mammalian ovum, there dwelt physical potentialities, species, races, family, individuality. In that ovum there was the assured promise of all that made a perfect organism. The author then referred to facts of heredity,

intellectual, moral, and pathological. Passing the evolution of the various parts of the human organism, the transition to the external world, and the shades of speculation as to when, where, and how man originated, he passed to the consideration of man as he now is, "the heir of all the ages." The general belief of mankind was that his nature was dual, and expressed by the terms *body* and *mind*.

The assertion of human duality included two propositions: first, man had a physical organization; and second, a mind. He first considered man as a material organism. He did not believe that the phenomena of living beings could all be referred to physico-chemical laws; but we must, with Beale, accept the idea of vital power as being super-physical, and with that idea its correlate, a living Creator of such power. Passing the perfections of the human body, the speaker reached the second proposition: "The complete conception of man includes mind." Had physiology reduced the facts of intelligence to the phenomena of matter? Certain utterances seemed to indicate that some answered the question in the affirmative. Many of the utterances, however, were open to criticism, if not to unequivocal rejection. The speaker then noticed some of the difficulties which were obvious in all schemes of mental physiology, or effort to interpret phenomena of mind by physical facts. The identity of corporeal and of spiritual phenomena was an affirmation which ought to be consigned to the list of impossible hypotheses. The speaker then passed to the problem of teleology, which commended itself especially to our profession. It was not set aside by the development theory; nor was it to be cast aside because of its abuses. Time was lacking to refer to the evidences of design presented by the human body; nor was it necessary, for every physician knew them. The author dwelt upon that part of his subject at some length. Accepting gratefully all the facts of science, let us beware of rejecting everything that might not be capable of mathematical demonstration, and compelling our assent by absolute necessity. There might be truths more important, but less open; we might hear the deep but distant murmur of the immortal sea as it beat against the shores of Time, ready to bear upon its mighty bosom the children of men from

life to life, and the law of continuity be found as true of the spiritual as it was of the material world.

The address was received with great applause.

On motion, ex-President Davis, of Chicago, Gross, of Philadelphia, Toner, of Washington, and Richardson, of New Orleans, were invited to seats on the platform.

THE METRIC SYSTEM.

Dr. E. Seguin, of New York, made a report on the adoption of the metric system by the Association. On motion by Dr. Pallen, of New York, the consideration of the report was postponed until Thursday.

CONSOLIDATION OF SECTIONS.

Dr. A. N. Bell, of New York, called up an amendment offered at the annual meeting in 1878, and moved its adoption. It provided for the consolidation of sections *four* and *five*, to be hereafter known as section *four*, on Medical Jurisprudence, State Medicine, and Public Hygiene, etc.

QUESTION AFFECTING REGISTRATION.

Dr. Lilley, of New Jersey, asked whether a gentleman who was not in affiliation with any regular medical organization, when such organizations existed in the State in which he resided, could register as a permanent member of the American Medical Association upon the claim that he *had been* in affiliation with such organization. Referred to the Judicial Council.

The Association then adjourned to meet on Wednesday, May 7, at 9.30 a. m.

WEDNESDAY, MAY 7TH. SECOND DAY.

The Association was called to order at 9.30 a. m. by the President.

Dr. Logan, Chairman of the Committee of Arrangements, announced the following for election as members by invitation: Drs. T. H. Morgan, of Cochran, Ga.; A. Means, of Oxford, Ga.; J. R. Humphrey, of Acworth, Ga., and E. M. Nolan, of McDonough, Ga.

The following named gentlemen were elected permanent members: Drs. C. A. Simpson and John M. Johnson, of Atlanta, Ga.; Dr. George C. Dugas, of Ga.; J. A. Beasley, of Alabama, and M. J. Ealey, of Lafayette, Ga.

A telegram was read from Dr. J. A. Morton, of Columbus, O., announcing that the bill making provision for material for anatomical dissection had passed the legislature of that State.

On motion by Dr. Atkinson, of Philadelphia, the congratulations of the Association were extended to Dr. Morton, who had been mainly instrumental in securing the passage of the law.

On motion of Dr. A. C. Post, of New York, the Publication Committee was instructed to publish 5,000 copies of the President's annual address for *pro rata* distribution among the members of the Association.

Dr. Fricke, of Philadelphia, in accordance with instructions received from his County Medical Society, introduced a resolution asking that the American Medical Association request Congress to leave the present law regulating the duty upon quinine unchanged.

The resolution was laid upon the table.

Dr. Roberts, of Nashville, introduced a resolution asking Congress to remove the duty upon the alkaloids of cinchona. Carried.

ADDRESS OF THE CHAIRMAN OF THE SECTION ON PRACTICE OF MEDICINE, ETC., BY DR. THOMAS F. ROCHESTER, OF BUFFALO, N. Y.

Dr. Rochester introduced his address by a reference to the epidemic of yellow fever which prevailed in the United States last year, and, with a view to answering the questions, Was it possible to ward off its invasion; or, in case of its appearance, to confine it within prescribed limits; he passed first to its *etiology*. Where the disease was born was known. It originated in the West Indies. It never originated *de novo* except in its primal birthplace. It could not be communicated from individual to individual by direct contagion, but through other media. The speaker then traced its mode of spread. Medicine would not cure it, nor would antiseptics or cleanliness

prevent the progress of the disease. A *strictly enforced quarantine* was the means by which it must be arrested. Reference was then made to the successful quarantine at the port of New York. He believed that if any agent was ever found which would arrest the disease, it would be gasiform or aëriform. He concluded that part of his address by urging the establishing of a permanent National Health Bureau.

Reference was first made to the propagation of typhoid fever by means of *drinking-water*, and the credit given to Dr. Austin Flint, of New York, for first directing the attention of the profession to that method about thirty-five years ago. Special reference was also made to a paper on typhoid fever, by Dr. Van de Warker, of Syracuse, and published in the *Popular Science Monthly*. Dr. Rochester then spoke of the propagation of the disease by means of ice, and cited several instances in which that mode of transmission was very apparent. He believed that the poison was not destroyed or impaired by freezing. A somewhat extended reference was then made to purification of sewage, and the opinion expressed that no sewer should be permitted to empty into a stream.

Under the head of Sanitaria for the Treatment of Pulmonary Phthisis, special attention was directed to Alpine sanitaria. Hygiene, in its largest sense, was recommended as the important factor in the management of the disease.

Instead of asking how little medicine was required, it was too common to act upon the principle of how much would be tolerated. Under the head of Materia Medica, attention was directed to certain new anæsthetics, the too promiscuous use of jaborandi, etc. The new Dispensatory was commended.

Dr. Rochester, under the head of Physiology, referred to papers by Flint and Busey, Flint, Jr., Richardson of Boston; Longworth, Bowditch, Whittaker, Loring, and others. In conclusion, reference was made to the telephone and the phonograph. Their possibilities could not be fathomed. The address was referred to the Section on Practical Medicine.

ADDRESS OF THE CHAIRMAN OF THE SECTION ON STATE MEDICINE AND PUBLIC HYGIENE, BY DR. JOHN S. BILLINGS, OF WASHINGTON, D. C.

The number of patent ventilators and gas-traps was steadily upon the increase; but, in our knowledge of the causes of disease and the means of avoiding or destroying those causes, little or no positive advance had been made. So long as we had to contend with municipal and State authorities, which almost absolutely refused even the cost of obtaining reliable information, there was but little hope for satisfactory public hygiene.

If the law creating the National Board of Health was to succeed, it must be supported by medical men, and the call for aid from the Board should be responded to by the American Medical Association, which was the representative medical body of the nation. Its failure would, in a measure, be the failure of the medical profession, and its success would be their success.

The causes of want of interest in public hygiene by medical men were then noticed; and *First*, was the actual deficiency in accurate scientific knowledge upon the subject. There were but few physicians who would hesitate to act as health officers and give advice upon sanitary questions, and yet not one in one hundred had a thorough acquaintance with any one branch of public hygiene. Nor was it strange that such was the case, for the subject had for its true basis physics, biology, and political science. *Second.* Another cause for the neglect of public hygiene was a distrust of the capacity and motive of some of those who were prominent as professed sanitarians, and that distrust was founded upon the necessary relations that existed between sanitarians and politicians. Such association, however, was inevitable.

The subject of *vital statistics* was then noticed, but more especially the registration of deaths and disease. Such registration was a necessity to successful public hygiene. No scientific knowledge of the subject could be obtained until the character and the quantity of disease became a known quantity. Mortality statistics would not serve the purpose; and, until we learned how many cases of disease occurred under varying circumstances in different localities, no substantial advancement could be made. The difficulties of the registration of death statistics were then

considered, and also the registration of disease. Special attention was directed to an opportunity to be offered for obtaining such statistics for the entire United States, as would be of positive value and furnish definite foundation for legislation with regard to public health. The opportunity would be afforded at the taking of the next census. He recommended that an appeal should be made to all the physicians in this nation, through the American Medical Association, to aid in furnishing the information needed. Books for the purpose would be sent to all physicians in the United States, as far as their addresses could be obtained, and they would be sent to any physician who made application for them.

An appeal was made to the medical press and to the profession to assist in the work.

The address was referred to the Section on Public Hygiene and State Medicine.

Dr. N. S. Davis, of Chicago, Chairman of the Special Committee to report on the recommendation made by Dr. Richardson in his annual address, relative to encouraging original investigation in medical science by means of prize essays, reported in favor of making alterations in the by-laws providing for four annual prizes of two hundred and fifty dollars each.

The report was signed by Drs. Davis, Gross, and Toner.

As an amendment to the by-laws, the report, under the rule, went over for one year.

Dr. Keller's amendment, that nominations for officers should be made only from the members and delegates present at any meeting, was laid upon the table by a vote of 120 to 5.

Dr. Caldwell's amendment, providing for a section on neurology and electrology, was laid upon the table without dissent.

Dr. Hitchcock's amendment was tabled.

Dr. Maddux's amendment providing for a section on genito-urinary diseases gave rise to some discussion, and was referred to the Surgical Section for instruction by a vote of 78 to 73.

The following amendment, reported by Dr. N. S. Davis, of Chicago, namely: "And hence it is considered derogatory to the interests of the public and the honor of the profession for any physician or teacher to aid, in any way, the medical teaching or

graduation of persons knowing them to be supporters and intended practitioners of some irregular or exclusive system of medicine," was opposed by Dr. E. S. Dunster, of Ann Arbor, Mich., in a carefully prepared speech, was discussed by Dr. Davis, who suggested that, while he individually could not willingly teach students under such circumstances, the Association should be very careful about tying the hands of the profession in any respect, and bringing it into collision with public authority; and upon motion made by Dr. Pratt, of Mich., was laid upon the table for one year.

COMMITTEE ON NOMINATIONS.

Drs. W. O. Baldwin, of Alabama; R. G. Jennings, of Arkansas; R. B. Cole, of California; C. Y. Chamberlain, of Connecticut; C. H. Richardson, of Delaware; J. M. Toner, of District Columbia; J. P. Wall, of Florida; G. G. Crawford, of Georgia; H. A. Johnson, of Illinois; J. F. Hibbard, of Indiana; H. B. Ransom, of Iowa; C. V. Motham, of Kansas; Dudley S. Reynolds, of Kentucky; E. S. Lewis, of Louisiana; T. L. Estabrook, of Maine; T. B. Evans, of Maryland; L. B. Warner, of Massachusetts; J. H. Jerome, of Michigan; J. H. Murphy, of Minnesota; E. P. Gale, of Mississippi; A. B. Sloan, of Missouri; S. Lilly, of New Jersey; E. Grissom, of North Carolina; M. A. Pallen, of New York; W. H. Mussey, of Ohio; S. D. Gross, of Pennsylvania; C. H. Fisher, of Rhode Island; E. P. Porcher, of South Carolina; J. D. Plunket, of Tennessee; H. W. Brown, of Texas; A. S. Payne, of Virginia; S. Marks, of Wisconsin; W. H. Forwood, of U. S. Army; and T. J. Turner, of U. S. Navy.

The Association then adjourned, to meet on Thursday, May 8th, at 9.30 a. m.

THURSDAY, MAY 8. THIRD DAY.

The Association was called to order at 9.30 a. m. by the President.

The following gentlemen were elected permanent members: Drs. W. J. Harrell, of Bainbridge, Ga.; S. C. McCormick, of Duluth, Minn.; Thomas R. Wright, and R. C. Eve, of Augusta, Ga.; W. W. Evans, of Oxford, Ga.; J. H. Low, James B. Baird,

and J. T. Johnson, of Atlanta, Ga; and A. G. Whitehead, of Waynesboro, Ga.

The following gentlemen were elected members by invitation: Drs. Thomas J. Jones, of Hogansville, Ga.; J. P. Rosser, of Conyers, Ga.; C. F. Patillo, of West Point, Ga.; F. R. Calhoun, of Euharley, Ga.; R. H. Jenkins, of Hogansville, Ga.; David G. Hunt, of Dalton, Ga.; L. B. Alexander, of Forsyth, Ga.; C. H. H. Sayre, of New York; and J. B. Carlton, of Athens, Ga.

The Secretary read a communication that had been addressed to the Chairman of the Committee of Arrangements, and purporting to come from Powers & Weightman, of Philadelphia, and C. T. White, of New York, in which the statement was made that if the duty on quinine was removed they could no longer continue its manufacture.

The communication was laid upon the table.

Resolutions relative to the death of Wm. N. Compton were introduced by Drs. Grissom, Pratt, and Toner, and adopted by the Association.

The following resolution was adopted:

Resolved, That the American Medical Association earnestly recommends to each and every physician in the United States that he shall furnish such information as is requested by the Superintendent of the Census, and that he shall keep such record of his cases for the year beginning June 1, 1879, as will enable him to make his information accurate and reliable.

Dr. Davis of Chicago, Chairman of the Committee, reported and offered the following resolution:

Resolved, That a committee of five be appointed by the President, whose duty it shall be to investigate the practicability of carrying into active operation a plan for obtaining accurate meteorological and clinical observations, and report at the next meeting of the Association. Adopted.

The report on necrology was presented by Dr. J. M. Toner, and referred to the Committee on Publication.

The report on sanitaria for consumptives was presented as received from Dr. H. I. Bowditch, of Boston, and, at his request, the committee was continued, in order that it might be able to

make the report complete. At the request of the Chairman, Dr. Wm. Pepper, of Philadelphia, was added to the committee.

The report on catalogue of National Library announced that Congress had made an appropriation sufficient to allow of the early publication of two volumes.

The Committee on Publication reported that 1,300 copies of the Transactions for 1878 were published. The report was referred to the Committee on Publication.

The Treasurer's report showed a balance in the treasury at date, of $1,445.66. It was suggested that non-payment of dues for *two* instead of three years should work the forfeiture of permanent membership.

Report accepted and referred to the Committee on Publication.

The report of the Librarian showed that the library at present contained 2,816 volumes, exclusive of pamphlets.

Referred to the Committee on Publication.

Dr. S. E. Chaillé, of Louisiana, read a paper upon State Medical Societies and State Medicine, before the Section on State Medicine and Public Hygiene. By the Section it was referred to the Association, and was read in general session. From general facts with regard to State medicine, and practical conclusions based upon the position occupied relative to the subject by thirty-seven State Medical Societies, he brought forward two important questions which had not been sufficiently considered by the Association: — 1. What was State Medicine? and, 2. What could the Association do to the end that the practice of State medicine could be promoted? The progress of State medicine was dependent upon the enlightenment of public opinion. State medicine was the application by the State of medical knowledge for the common weal, and embraced every subject for the comprehension of which medical knowledge, and for the execution of which State authority were indispensable. With reference to State medicine, physicians were prone to dwell upon, and to denounce an existing evil, whatever it might be, and to urge its correction, but did not tell how it was to be done.

In answering this second question, Dr. Chaillé presented the progressive steps made in Great Britain with considerable detail, for he believed they were the steps which must be taken in this

country. To the end of giving the greatest benefit which could arise from the proper practice of State medicine, he proposed a *Standing* Committee upon the more efficient organization of the Association and *all* its branches. Perhaps an executive council should be constituted and charged with the duty of devising ways and means to promote uniformity, as well as to strengthen and harmonize all of its practical operations. As at present constituted, the American Medical Association had little or no knowledge of its component parts; and a head which had no knowledge of its parts should be gotten rid of. He suggested that the Transactions of the Association be published after the manner of the Transactions of the British Medical Association. No physician residing in the United States should be elected either as a permanent member or as a member by invitation of the Association unless he was a member of the State Medical Society of his own State, if such an organization existed. Several propositions of like character, and affecting the re-organization of all county and State medical societies, were submitted, after which the paper was referred back to the Section on State Medicine for further consideration.

ADDRESS OF THE CHAIRMAN OF THE SECTION ON SURGERY AND ANATOMY, BY DR. MOSES GUNN, OF CHICAGO, ILL.

Dr. Gunn's address consisted of a careful and close argument upon the Pathology of Suppuration. He reviewed the theories which have been advanced regarding the origin of pus, by Virchow, Cohnheim, and Billroth, and the conclusion was reached that suppuration was not an unmixed evil. It was a dangerous thorn, from which occasionally, at least, a fragrant flower was plucked.

The address was referred to the Section on Surgery and Anatomy.

REPORT OF THE COMMITTEE ON NOMINATIONS.

Dr. S. D. Gross, Chairman of the Committee on Nominations, announced that the committee was ready to make a report.

Dr. E. Grissom, Secretary, read the following, which was unanimously accepted:

For President—Lewis A. Sayre, M.D., of New York.

For Vice-Presidents: First—R. Beverly Cole, M.D., of California. *Second*—E. M. Hunt, M.D., of New Jersey. *Third*—H. O. Marcy, M.D., of Massachusetts. *Fourth*—F. Perye Porcher, M.D., of South Carolina.

For Treasurer—Richard J. Dunglison, M.D., of Pennsylvania.

For Librarian—William Lee, M.D., of District of Columbia.

For Committee on Library—Johnson Eliot, M.D., of District of Columbia.

Next Place of Meeting—New York City.

Time of Meeting—The first Tuesday in June, 1880.

For Assistant Secretary—Walter R. Gillette, M.D., of New York.

For Committee of Arrangements—Dr. S. O. Vander Poel, of New York, Chairman; Drs. Stephen Smith, William M. Polk, Robert F. Weir, Charles Inslee Pardee, A. A. Smith and Thomas T. Sabine, of New York; Dr. Joseph C. Hutchison, of Brooklyn; Dr. M. H. Burton, of Troy, N. Y.; and Dr. E. H. Parker, of Poughkeepsie.

For Committee on Prize Essays—Drs. Austin Flint, Sen., A. C. Post, J. W. S. Gouley, and M. A. Pallen, of New York City; and J. C. Hutchison, of Brooklyn, N. Y.

For Committee on Publication—Drs. W. B. Atkinson, T. M. Drysdale, A. Fricke, S. D. Gross, Casper Wistar, R. J. Dunglison, of Pennsylvania; and Dr. William Lee, of District of Columbia.

The committee also reported the following nominations for Chairmen and Secretaries of Sections for 1880:

I. *Practice of Medicine, Materia Medica, and Physiology*—Dr. J. S. Lynch, of Maryland, Chairman; and Dr. W. C. Glasgow, of Missouri, Secretary.

II. *Obstetrics and Diseases of Women and Children*—Dr. Albert H. Smith, of Pennsylvania, Chairman; and Dr. Robert Battey, of Georgia, Secretary.

III. *Surgery and Anatomy*—Dr. W. T. Briggs, of Tennessee, Chairman; and Dr. J. Powell Adams, of Minnesota, Secretary.

IV. *Medical Jurisprudence, Chemistry, and Psychology*—Dr. James F. Hibbard, of Indiana, Chairman; and Dr. Thomas F. Wood, of North Carolina, Secretary.

V. *State Medicine and Public Hygiene*—Alabama, Jerome Cleveland, M.D.; Arkansas, W. H. Hawkin, M.D.; California, W. F. Cheney, M.D.; Colorado, C. Dennison, M.D.; Connecticut, C. A. Lindsley, M.D.; Delaware, William Marshall, M.D.; District of Columbia, Thomas Antisell, M.D.; Florida, J. P. Wall, M.D.; Georgia, J. P. Logan, M.D.; Illinois, H. A. Johnson, M.D.; Indiana, J. F. Hibbard, M.D.; Iowa, J. A. Blanchard, M.D.; Kansas, D. W. Stomont, M.D.; Kentucky, S. Brundeis, M.D.; Louisiana, S. E. Chaillé, M.D.; Maine, A. P. Snow, M.D.; Maryland, F. B. Evans, M.D.; Massachusetts, H. I. Bowditch, M.D.; Michigan, H. B. Baker, M.D.; Minnesota, C. N. Hewitt, M.D.; Mississippi, Wirt Johnson, M.D.; Missouri, H. H. Mudd, M.D.; Nebraska, J. Block, M.D.; New Hampshire, G. P. Conn, M.D.; New Jersey, D. A. English, M.D.; New York, A. N. Bell, M.D.; North Carolina, J. C. Walker, M.D.; Ohio, J. C. Reeve, M.D.; Oregon, H. Carpenter, M.D.; Pennsylvania, B. Lee, M.D.; Rhode Island, E. M. Snow, M.D.; South Carolina, R. A. Kenlock, M.D.; Tennessee, T. A. Acberson, M.D.; Texas, H. W. Brown, M.D.; Virginia, F. D. Cunningham, M.D.; Vermont, L. C. Butler, M.D.; West Virginia, E. A. Hildreth, M.D.; Wisconsin, J. T. Reeve, M.D.; United States Army, Joseph R. Smith, M.D.; United States Navy, A. L. Gihon, M.D.

VI. *Ophthalmology, Otology, and Laryngology*—Dr. Bolling A. Pope, of Louisiana, Chairman; and Dr. Eugene Smith, of Michigan, Secretary.

For Judicial Council—Drs. W. O. Baldwin, of Alabama; N. S. Davis, of Illinois; J. P. Gray, of New York; E. L. Howard, of Maryland; A. N. Talley, of South Carolina; D. W. Stomont, of Kansas; and J. P. Logan, of Georgia.

For Committee on Necrology—Dr. J. M. Toner, of District of Columbia, Chairman; Drs. R. F. Michel, of Alabama; F. W. Hatch, of California; J. B. Cummings, of Arkansas; Charles Dennison, Colorado; G. W. Russell, of Connecticut; J. H. Richards, of Delaware; J. P. Wall, of Florida; T. S. Hopkins, of Georgia; J. H. Hollister, of Illinois; G. L. Sutton, of Indi-

ana; H. B. Ransom, of Iowa; C. V. Notham, of Kansas; D. S. Reynolds, of Kentucky; E. A. Lewis, of Louisiana; E. F. Sanger, of Maine; J. Morris, of Maryland; L. F. Warner, of Massachusetts; G. E. Ranney, of Michigan; D. W. Hand, of Minnesota; J. M. Richmond, of Missouri; J. R. Black, of Nebraska; L. G. Hill, of New Haven; H. D. Didama, of New York; J. Blain, of New Jersey; F. J. Hayward, Jr., of North Carolina; Starling Loving, of Ohio; Frank Woodbury, of Pennsylvania; C. H. Fisher, of Rhode Island; Manning Simons, of South Carolina; J. B. Lindsley, of Tennessee; H. W. Brown, of Texas; O. F. Fassett, of Vermont; L. S. Joynes, of Virginia; R. W. Hazlett, of West Virginia; J. T. Reeve, of Wisconsin; J. J. Woodward, of District of Columbia, United States Army; and A. L. Gihon, of United States Navy.

ADDRESS OF THE CHAIRMAN OF THE SECTION ON OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN, BY DR. E. S. LEWIS, OF NEW ORLEANS, LA.

The address by Dr. Lewis consisted of a *résumé* of the literature during the past year upon abdominal palpation, puerperal fever, laparo-elytrotomy, change of posterior position, ligation of the cord, traction upon the lower jaw, treatment of post-partum hemorrhage, treatment of cancer of the cervix uteri, and the treatment of uterine fibroids.

The address was referred to the Section on Obstetrics, etc.

THE METRIC SYSTEM.

The Association took up the report made upon the metric system, by Dr. E. Seguin, of New York, and adopted the following resolutions:

Resolved, 1. That the American Medical Association adopts the international metric system, and will use it in its transactions.

2. Requests that those who present papers at its future meetings employ this system in their communications, or reprints thereof.

3. Requests the medical boards of the hospitals and dispensaries to adopt the metric system in prescribing and recording

cases; and that the faculties of the medical and pharmaceutical schools adopt it in their didactic, clinical or dispensing departments.

4. Requests the physicians familiar with the metric system to help their confrères and the druggists in its application; and the delegates present at this session to work up the acceptance of the metric system by their respective county and State societies.

5. Requests our president to name a metric executive committee, of which he shall be the ex-officio chairman, and whose task will be to give unity and rapidity to this metric movement.

Dr. Chaillé, of Louisiana, introduced a resolution petitioning Congress to pass a law removing the duty from any one book or instrument which should be imported to assist in the personal pursuit of scientific study. Adopted.

Dr. Brodie, of Detroit, introduced a resolution which he asked to have referred to the Judicial Council: *Resolved*, That the use of articles thus protected by copyright is a distinct violation of the code of ethics. It was so referred.

Dr. Turnipseed, of South Carolina, offered an amendment providing for the formation of a section to examine and report regarding the merits and demerits of surgical and gynæcological instruments presented at the meetings of the Association. Laid over under the rule.

The Association then adjourned to meet on Friday, May 9, at 9.30 a.m.

FRIDAY, MAY 9. FOURTH DAY.

The Association was called to order at 9.30 a.m. by the President.

The following gentlemen, on recommendation by the Committee of Arrangements, were elected members by invitation: Drs. J. J. Jones, R. N. Ross, and E. Cross, of Arkansas.

The Surgical Section, through its Chairman and Secretary, reported that the proposition to establish a section upon genito-urinary diseases had been withdrawn.

The following resolutions affecting the organization of the American Medical Association, of State and of county medical societies, based upon Dr. Chaillé's paper, were offered:

Resolved, That a committee on the more efficient organization of this Association and of its branches—consisting of *five* members—be appointed by the President.

Resolved, That this committee be instructed to devise and recommend ways and means to secure greater uniformity as well as greater strength of organization of the State medical societies, and all their auxiliary branches.

With these ways and means the following be considered:

1. The compilation of a model code of detailed regulations for the government of State and county medical societies.

2. The requirement from any State medical society of an annual report, to contain certain data (to be specified) necessary to show the condition and progress of each of these State societies and of their auxiliary branches; to also contain a brief summary of the peculiarities of this organization, and of the measures being used by it to promote medical organization; and still further, to contain a brief summary of the laws of the State in reference to State medicine, and of the efforts being made to promote the practice of State medicine. Such reports should be published in the transactions of each State medical society.

3. The publication, in annual transactions of this Association, of a consolidated report of the above reports from each State, together with special notice of the meritorious work done by any of the branches of this Association.

4. The substitution of a periodical medical journal for the present volume of transactions.

5. The non-recognition by this Association of State medical societies which make no provisions encouraging the organization of auxiliary societies in counties, etc.

6. The advisability of electing no person, either as permanent member or member by invitation, unless such person be a member of a State medical society, provided that there be such a society, and recognized by this Association, in his State.

7. The advisability of refusing to admit to this Association delegates of the societies auxiliary to the State societies, unless the certificates of delegation be endorsed by the authorized officer of the State society.

8. The advisability of refusing to admit any delegates except

those selected from and elected only by voting members who have paid all fees due to their respective county and State societies, and of establishing the principle that only those members of branch societies who are entitled to vote, and have paid all fees due, shall be entitled to delegates.

9. The advisability of urging every medical college to have not less than one lecture delivered to every graduating class on the importance to the profession and to the people of medical organization.

The President appointed as committee to report upon the above resolutions: Drs. Foster Pratt, of Michigan; S. D. Gross, of Pennsylvania; N. S. Davis, of Illinois; A. N. Bell, of New York, and Alonzo Garcelon, of Maine.

A communication relating to intervention of physicians in education was received from Dr. R. J. O'Sullivan, of New York, and the request that the committee be continued was granted.

DELEGATES TO FOREIGN MEDICAL SOCIETIES.

Dr. E. Seguin, of New York; Dr. L. P. Yandell, of Kentucky; Dr. J. M. Da Costa, of Pennsylvania; Dr. Moses Gunn, of Illinois; and Dr. L. Turnbull and Dr. E. Warner, of Paris, were elected as delegates to represent the Association in medical societies in Europe; and Drs. J. C. Hutchinson, of New York, and William Brodie, of Michigan, as delegates to the medical societies in Canada.

The Committee on Nominations reported the following resolution: *Resolved*, That the Committee on Publication be instructed to advertise for proposals to publish the transactions of this Association in *six* of the largest cities of the Union, and that the contract be awarded to the lowest and most responsible bidder.

Dr. A. M. Pollock, of Pennsylvania, moved to lay the resolution on the table. Motion was lost.

Dr. Foster Pratt, of Michigan, moved to amend by striking out the words "in six of the largest cities of the Union." The amendment was lost by a rising vote of ayes 21, nays 27. The original resolution was then adopted.

On motion made by Dr. Grissom, of North Carolina, an honora-

rium of six hundred dollars ($600) was voted for the Permanent Secretary.

The following Committee on Ozone was appointed by the President: Drs. N. S. Davis, of Illinois; J. M. Toner, of District of Columbia; S. M. Bemiss, of Louisiana; W. H. Geddings, of South Carolina; and H. O. Marcy, of Massachusetts.

The following Metric Executive Committee was announced: Dr. Theophilus Parvin, of Indiana, Ex-officio Chairman; Dr. E. Seguin, of New York; Dr. E. Wigglesworth, of Massachusetts; Dr. J. R. Weist, of Indiana; Dr. E. R. Squibb, of New York; and Dr. William B. Atkinson, of Pennsylvania.

ADDRESS OF THE CHAIRMAN OF THE SECTION ON OPHTHALMOLOGY, OTOLOGY, AND LARYNGOLOGY, BY DR. H. KNAPP, OF NEW YORK.

Dr. Knapp's address consisted of brief references to a number of subjects, and a notice of some of the more important advancements made in the departments of ophthalmology and otology.

Iridectomy in chronic glaucoma was giving way to *sclerotomy*. *Sympathetic ophthalmia* was transmitted by the ciliary instead of the optic nerve, as advocated by some. Reference was made to *cataract extraction*, to the use of *eserine* and *duboisine*, to ophthalmoscopes, to lid-holders, to tumors of the eye, and to works on pathological anatomy.

Otology showed less extensive, but no less marked advancement than ophthalmology; and reference was made to discoveries in acoustics and the management of mastoid inflammation. A number of instruments and pathological specimens were exhibited.

The address was referred to the Committee on Publication.

The Committee on Prize Essays submitted the following report: That the prize of one hundred dollars ($100) be awarded to Dr. Allan McLane Hamilton, of New York City, for an essay on certain forms of primary and secondary (local) degeneration of the lateral columns of the spinal cord, with special reference to an infantile rare form.

Dr. N. S. Davis, of Chicago, offered resolutions of thanks to the President of the Association, to the Governor of the State of

Georgia, to the Mayor of the city of Atlanta and to all her citizens, to the various railroad and steamship companies that had extended favors, to the local press, and to the Committee of Arrangements, expressing the hearty gratitude of the American Medical Association for the uniform kindness, hospitality, and courtesy which its members had received.

The resolutions were unanimously adopted by a rising vote.

The report of the delegates to the Canada Medical Association was presented by Dr. William Brodie, of Detroit, Mich., and entered upon the minutes.

The Judicial Council reported in reference to Allen County matters, Indiana, that it be postponed until the next annual meeting; and that the American Medical Association did not regard the delegates from the Arkansas Medical Association as entitled to registration, because it did not regard the society which they represented as a State medical society.

The report was accepted and entered upon the minutes.

The Committee on State Boards of Health, who are required to report annually the results of their efforts, state that they addressed the usual memorial to the executives of the States still without State boards of health, and were assured by some of the executives that they would use their efforts to the end desired. They are happy to announce that the Legislature of the State of Delaware has adopted such an act, and the Board of Health of that State is now in process of organization. We now have nineteen State Boards of Health: Alabama, California, Colorado, Connecticut, Delaware, Illinois, Kentucky, Louisiana, Missouri, Michigan, Minnesota, Mississippi, New Jersey, North Carolina, Rhode Island, Tennessee, Texas, Virginia, and Wisconsin.

[Signed] W. B. ATKINSON.

The last business in order was the installment of new officers.

Dr. Parvin, in appropriate remarks, thanked the Association for the honor conferred upon him, the uniform courtesy which it had extended to him during the deliberations of the present meeting, and in laudatory words introduced the President-elect, Dr. Lewis A. Sayre, of New York, who expressed his feeling of appreciation for the highest honor that could be bestowed upon a medical man in this country.

On motion, the President declared the Association adjourned, to meet in the city of New York, on the first Tuesday in June, 1880.

REPORT OF SECTIONS.

Section on Practical Medicine, Materia Medica, and Physiology.

Dr. Thomas F. Rochester, of Buffalo, N. Y., Chairman. Dr. W. C. Glasgow, of St. Louis, Mo., Secretary.

TUESDAY, MAY 6TH. FIRST DAY.

The Section was called to order at 3 p. m. by the chairman. The first paper read was by Dr. N. S. Davis, of Chicago, Ill., and entitled Clinical and Meteorological Records. The object of the work of obtaining clinical and meteorological records was to obtain the actual etiology of acute diseases. Dr. Davis has been an active worker in this department, and his present report was a continuation of that already made to the same section at the annual meeting held in Chicago in 1877 (see *Medical Record*, vol. xii., p. 378). Beneficial results were still being obtained, and the field of observation was widening.

The paper was referred to the Committee on Publication.

Experience of Consumptives in Colorado, and Some of the Aëro-Hygienics of Elevation above the Sea, with Conclusions—Was the title of a paper written by Dr. Charles Denison, of Denver, Colorado, and presented by Dr. John P. Logan, Chairman of the Committee of Arrangements.

Some difficulty being experienced in reading the paper, the reading, on motion, was discontinued, and the further consideration of the subject was postponed until 3 p. m. on Wednesday.

The Section then adjourned to meet on Wednesday at 3 p. m.

WEDNESDAY, MAY 7TH. SECOND DAY.

The Section was called to order at 3 p. m. by the Chairman.

The first order of business was a continuation of the paper on "Aëro-hygienics of Elevation above the Sea," by Dr. Denison, of Colorado.

Dr. Denison asked that the Section recommend the Signal

Service Bureau to prepare charts to be published with his paper, and on motion, his request was granted.

The motion to refer the paper to the Committee on Publication gave rise to a discussion, but the papar was finally so referred.

On the Use of Water in the Treatment of Diseases of the Skin, was the title of a paper read by Dr. L. D. Bulkley, of New York. It contained the results of the large experience of the author in the use of water in the form of spray, baths, affusions, etc., etc., more especially in the treatment of chronic diseases of the skin. It was discussed by Drs. F. P. Porcher, of Charleston, S. C., and J. V. Shoemaker, of Philadelphia, Pa., and referred to the Committee on Publication.

The chairman's address before the Association in general session was presented by the Secretary.

Dr. T. B. Lester, of Kansas City, Mo., was called to the chair.

Dr. T. S. Hopkins, of Augusta, Ga., moved that the address by the chairman be referred to the Committee on Publication. The motion gave rise to discussion, which was participated in by Dr. Lyon, of New Orleans, who made special reference to the portion recommending the establishment of a national quarantine as a preventive of yellow fever. He said that the treatment of yellow fever was as well understood as was the treatment of any other serious disease; that yellow fever did originate in New Orleans, and that there was never a year that there was not yellow fever in that city that originated there. Dr. Lyon contended that quarantine laws did no good, and as proof, he said, that during the late war, when there was not and could not be any communication between New Orleans and the West Indies, there was not a single year but there were cases of yellow fever in New Orleans.

He contended that the disease was not contagious, and that it would in future, as it has done in the past, continue to originate in that city. He believed in local sanitary measures instead of the quarantine.

Dr. Hopkins, of Georgia, agreed with Dr. Lyon that yellow fever was of local origin, and that quarantine regulations were useless in preventing the disease.

Dr. Brown, of Texas, asked Dr. Lyon if quarantine did not keep the fever out of Texas.

Dr. Lyon replied that it did not, and asked the gentleman why it did not keep it out of Jackson, Miss., which was surrounded by men armed with shotguns.

The question was not answered.

Dr. A. W. de Roaldes, of New Orleans, said that in a large majority of years yellow fever originated in New Orleans. He believed that proper sanitary measures would prevent epidemics in that city. He did not favor a national quarantine law.

Dr. Rochester said he had not treated a case of yellow fever in twenty-eight years. He did not doubt that there were occasional cases occurring sporadic in New Orleans, but he believed that the quarantine would prevent the terrible epidemics.

Dr. Foreman, of the U. S. A., said that while the fever might originate in New Orleans, there were cities where it did not originate, and we needed the quarantine against the places in which the fever originated.

The motion to refer the address to the Committee on Publication was carried.

The section then adjourned to meet on Thursday, May 8th, at 3 p. m.

THURSDAY, MAY 8TH. THIRD DAY.

The Section was called to order at 3 p. m. by the chairman.

The first paper was read by Dr. G. F. Cooper, of Georgia, and entitled Veratrum Viride and Its Uses. It was an elaborate résumé of what was known concerning that drug and its uses. On motion it was referred to a sub-committee to be appointed by the chairman.

Dr. W. C. Glasgow, of Mo., followed with a paper on Plastic Bronchitis.

A review was made of the literature of this subject, and several cases were reported which had fallen under his care and observation.

On motion, the paper was referred to a special committee to be appointed by the chairman.

Inflammation of the Hair-follicles of the Beard, was the title of a paper read by Dr. J. V. Shoemaker, of Philadelphia, Pa.

The peculiar features of the affection were dwelt upon, and certain points in relation to differential diagnosis were fully considered.

The paper, on motion, was referred to a special committee to be appointed by the chairman.

There being no further business before the section, it adjourned.

Section on Obstetrics and Diseases of Women and Children.

Dr. E. S. Lewis, of New Orleans, La., Chairman. Dr. Robert Battey, of Rome, Ga., Secretary.

TUESDAY, MAY 6TH. FIRST DAY.

The Section was called to order at 3 p. m. by the Chairman.

Tubo-Ovarian Gestation (Case) Operation at the Fifth Month — Death, was the title of the first paper, and read by Dr. Robert Battey, of Ga. The paper consisted of a detailed account of the clinical history, the diagnosis, the operation and the autopsy. At the request of the author, it was withdrawn from the Section, with permission to publish in some medical journal.

Dr. Battey employed the écraseur to open the sac, and believed it to be the best instrument that could be employed, not excepting the galvano-cautery. He believed that the treatment of extra uterine gestation could not be governed by any fixed rules.

Electrolysis of Fibroids was the title of a paper presented by Dr. E. Cutter, of Massachusetts, and read by Dr. Dunster, of Michigan. It was merely an appendix to a paper read before the same Section at its meeting in Buffalo, 1878, and published in the *Am. Journal of Med. Sciences* in the same year. It was referred to the Committee on Publication.

The regular business before the Section having been transacted, the chairman called upon Dr. E. S. Dunster, of Ann Arbor, Michigan, to suggest some subject as a topic for discussion. Dr. Dunster responded by announcing the subject of Laceration of the Perineum — Treatment by Keeping the Bowels Open, Instead of Confined, After the Operation, and remarked that Dr. Thomp-

son, of Washington, had drawn attention to that plan of management by a report of favorable results obtained in fifty-four cases—in no one instance had there been failure to get good union. About two years ago Dr. Dunster had occasion to operate on a case of complete rupture of the perineum, and, as a part of the preparatory treatment, ordered a laxative. The patient, by some mistake, took an overdose, and the consequence was that during the operation there were fluid discharges flowing from the rectum. After adjusting the sutures and bringing the cut surfaces into apposition, he noticed the *absolute absence of any strain upon the line of the wound* when a fæcal evacuation occurred. The case did well.

He operated upon the next case according to the old plan, and the wound, notwithstanding the care of a skilled nurse, tore open when the first movement of the bowels took place. Dr. Dunster then related two cases in which the bowels remained loose during the after-treatment, and in which complete success was obtained. In one there was a large rectocele, and the patient had from one to three fluid movements, daily, from the bowels. The stitches were removed on the ninth and tenth days, and although the pain and nervous excitement were quite irritating, the union was perfect and the success was good.

He had become convinced that, upon the whole, of course there were exceptions, it was a wiser and a safer method than the plan of constipating the bowels.

Dr. M. A. Pallen, of New York, remarked that the plan of securing looseness of the bowels after operation for rupture of the perineum, was the one which he had adopted for many years. He had recommended the plan in a paper published in 1874, and renewed the recommendation in a paper published in 1875.

Dr. King, of Pittsburgh, suggested that tincture of opium could be combined with a saline cathartic, and in that manner both soluble bowels and relief from pain and nervous excitement could be obtained.

Dr. Albert H. Smith, of Philadelphia, remarked that, upon theoretical grounds there was great force in Dr. Dunster's remarks. His experience, however, did not confirm the claimed value of the method, although he wished that it might.

Dr. Dowell, of Texas, believed that all the difficulties alluded to might be avoided by administering a full enema just before removing the sutures. Discussion was continued by Drs. Taliaferro, of Georgia, Cole, of California, and Parvin, of Indiana.

Dr. M. A. Pallen, of New York, then presented a new form of pessary for the correction of uterine displacements.

Dr. H. F. Campbell, of Augusta, Ga., exhibited a modified stem pessary.

The Section then became agitated upon the subject of pessaries, and discussion was continued until the lateness of the hour disappointed a number of speakers.

The Section then adjourned to meet on Wednesday, May 7th, at 3 p. m., and the subject of pessaries was made a special order.

WEDNESDAY, MAY 7TH. SECOND DAY.

The Section was called to order at 3 p. m. by the Chairman. The minutes of the previous meeting were read and approved.

Dr. H. O. Marcy, of Boston, Mass., exhibited and described Jennison's exploring and indicating sound in its complete form.

Comments were being made upon the instrument, when the secretary submitted that it was patented, and therefore had no right in the section. The chairman decided the point of order well taken.

Dr. Marcy also exhibited Dr. Chadwick's gynæcological table, and described its convenience and variety of use.

Treatment of Uterine Displacements by the Stem Pessary, was the title of a paper presented by Dr. E. Cutter, of Mass., and read by the chairman. The author recognized the dangers attending the use of an intra-uterine pessary, but believed that there were cases in which the displaced organ could not be held in position by any other form of instrument. The stem pessary employed by him was ordinarily about two and a quarter inches long, sometimes shorter, and was attached to a hard rubber elbow that was held in place by a band passing around the body of the patient.

The paper was referred to a sub-committee, consisting of Drs. Dunster, of Michigan; A. H. Smith, of Pennsylvania; and Cross, of Arkansas.

Dr. E. B. Turnipseed, of South Carolina, read a paper upon New Instrument for Operation for Vesico-Vaginal Fistula, with Cases, which drew the thanks of the section, and was referred to the Committee on Publication.

The instrument, when complete, embraced a new self-retaining speculum, retractors, large apparatus (used in stitching) bearing a smaller comb-shaped apparatus set with needles, which were clamped when the operation was completed; curved needles, gold triple-plated with hard-rubber clamps, with springs; trimmers, dilators on the principle of changeable valves, and a hysterotome.

Dr. M. A. Pallen, of New York, illustrated, by means of diagrams, his method of operating for lacerated perineum, which consisted essentially in transplanation of the flap dissected up so as to lengthen the vagina. Dr. Pallen also described the operation, Kolpokleisis in a Case of Procidentia, and illustrated it by means of diagrams.

Dr. Pallen also described and illustrated a plastic operation involving the vagina and the cervix, and as a substitute for amputation of the cervix uteri. The possibility of the operation had been denied by Dr. Emmet, because of the non-existence of elongation of the cervix uteri in the nonparous woman. To the operation Dr. Pallen gave the name vagino-cerviplasty, and recommended it for certain cases of apparent cystitis, painful coition, etc., when the cervix dipped into the vagina one inch anteriorly and perhaps an inch and a half or an inch and three-fourths posteriorly. He discussed the subject at great length.

The Section then adjourned, to meet on Thursday, May 8th, at 3 p. m.

THURSDAY, MAY 8TH. THIRD DAY.

The Section was called to order at 3 p. m. by the Chairman. The minutes of the previous meeting were read and approved.

Dr. Bartlett, of Wisconsin, was called to the chair, and the Section entered upon the consideration of the address of the Chairman.

Dr. A. H. Smith, of Philadelphia, alluded to change of presentations and positions of fœtus prior to labor. Those changes could in many cases be effected with ease and advantage. His efforts to convert a posterior position of the occiput into an ante-

rior one, and maintain it, had been uniformly abortive. There was something peculiar in those cases which made them very obstinate. He did not bandage the abdomen after turning the child in utero.

Dr. Smith thought that the question whether the cord should be ligated early or late after labor was an unimportant one. His practice was to ligate it as soon as pulsation ceased.

Dr. H. O. Marcy, of Massachusetts, referred to Dr. Garland's method of treating prolapse of the cord by rotating the child in the uterus, thus winding the funis around its body.

Dr. Morris, of Ohio, doubted the propriety and the success of turning in the eighth and ninth months.

Dr. Lewis, Chairman, explained that the manipulation was effected with greater ease and safety than in the earlier months of pregnancy.

The address was referred to the Committee on Publication.

On motion by Dr. Warner, of Boston, Mass., the Section requested Dr. Battey to return his paper on tubo-ovarian pregnancy to its custody, and referred it to the Committee on Publication.

The discussion on pessaries was opened to-day by Dr. A. H. Smith, of Philadalphia. He made special reference to the action of the posterior ligaments — the broad, the lateral, and the anterior ligaments of the uterus — and spoke in high terms of the theory underlying the efficient Hodge pessary.

Dr. Pallen, of New York, took issue with Dr. Smith, and claimed that no man had ever found at postmortem a condition of ligament that would permit displacement of the uterus. There was no such term as a ligament of the uterus. The term was a misnomer.

The etiology of displacement was *primarily*, derangement of the pelvic circulation; *secondarily*, laceration of the perineum or other conditions which removed sustentative circumferential support; and, *thirdly*, purely mechanical influences acting from either above or below. He denied the possibility of displacement occurring as the result of straining upon an inflamed ligament.

Dr. Pallen continued the discussion at great length, after which the Section adjourned.

Section on Surgery and Anatomy.

Dr. Moses Gunn, of Chicago, Ill., Chairman; Dr, J. R. Weist, of Richmond, Ind., Secretary.

TUSEDAY, May 6—FIRST DAY.

The Section was called to order at 3 p. m. by the chairman.

The chairman appointed as a sub-committee, to which all papers read before the section should be referred, Drs. W. T. Briggs, of Nashville, Tenn.; W. W. Dawson, of Cincinnati, Ohio; and W. F. Westmoreland, of Georgia.

Dr. A. C. Post, of New York, read a paper upon Deformities of the Face and Hands Occasioned by Cicatricial Contraction Following a Burn, with report of cases successfully treated. The paper was illustrated by means of casts and photographs, and showed one of the great advancements made in surgery. The paper was discussed by Drs. I. N. Quimby, of Jersey City, N. J.; W. T. Briggs, of Nashville, Tenn.; and W. W. Dawson, of Cincinnati, Ohio.

Dr. H. O. Marcy, of Massachusetts, then read a paper on Aspiration of the Knee-Joint. It contained an account of 68 cases and 118 aspirations. The quantity of fluid removed at each aspiration varied from half an ounce to eight ounces, and was serous, sero-purulent, and sero-sanguinolent. Death occurred in only one case. The best results were derived in acute inflammatory traumatic cases. The operation should be performed early; the joint should be reaspirated as often as fluid accumulated, and followed with an elastic bandage, fixation and rest.

Dr. Wm. A. Byrd, of Quincy, Ill., referred to a case in which he had successfully aspirated the knee-joint.

Dr. A. C. Post, of New York City, referred to a modified process of aspiration in the treatment of inflammation of the knee-joint. It consisted in drawing off the fluid through an aspirator needle, and then distending the cavity through the same needle with a solution of carbolic acid of the strength of 1 to 30. It was upon the principle of hyperdistention, according to Callender, and Dr. Post was disposed to regard it as an important modification.

———, a delegate, referred to the use of Dr. Martin's elastic

bandage after aspiration. So far as his experience went, the results obtained had agreed with those reported by Dr. Martin, and had been very satisfactory. In simple cases of dropsy of the knee-joint, where he had aspirated, and then applied the bandage, there had been no return of the fluid. Of course as much benefit in cases in which the fluid was purulent could not be expected.

Dr. S. D. Gross, of Philadelphia, remarked that he had employed aspiration a few times, not only in the treatment of accumulations of fluid in the knee-joint, but also in other joints, and it seemed to him that aspiration should be regarded as an auxiliary measure. In all cases, proper attention should be paid to the general condition of the constitution of the patient; and to the aspiration might be added a variety of means which would tend to bring about a condition that could not be established by aspiration alone. To the aspiration, counter-irritation, elastic compression, etc., could be added with benefit.

Dr. I. N. Quimby, of New Jersey, preferred to resort to other means than aspiration in cases in which there was only a small accumulation of fluid in the joint.

Dr. Marcy, in closing the discussion, remarked that he heartily indorsed the remarks made by Dr. Gross; but the time allotted for his paper did not permit him to enter upon the general consideration of the subject.

Dr. E. B. Turnipseed, of Columbia, S. C., then exhibited a *new surgical needle curved, and spring-clamp at the point; also a new apparatus for treating fracture of the clavicle, with cases; and also described a new method of reducing dislocation of the elbow-joint*, with cases.

The new apparatus for treating fracture of the clavicle consisted in broad leathern collars encircling the shoulders, and united behind by straps from the upper portion of the band, and in front by straps from the lower portion of the collars.

The new method of reducing dislocation of the elbow-joint consisted in standing behind the patient, grasping the arm just above the elbow with one hand with the thumb upon the olecranon process, grasping the wrist with the other hand, and, while extension and counter-extension were being made, to suddenly extend

the forearm, and at the same time make pressure upon the olecranon with the thumb.

Dr. S. D. Gross, of Philadelphia, remarked that there was nothing more easy than reduction of a recent dislocation of the elbow-joint. The plan suggested by Dr. Turnipseed was substantially that recommended by Dr. Waterman, of Massachusetts, several years ago.

Dr. J. S. Dodge, of Bristol, Ind., remarked that Dr. Turnipseed's method was the same as that taught by Dr. J. W. Greene at the University of Michigan.

Dr. J. C. Hughes, of Keokuk, Iowa, thought the method of treating fracture of the clavicle suggested by Dr. Turnipseed was no better than several appliances already in the hands of the profession. It was perhaps very convenient, but he failed to see its special value. Again, with regard to the suggestion made with reference to reduction of dislocation of the elbow-joint, he thought it did not possess the common sense that did the method by lifting the coronoid process out of the olecranon fossa.

Dr. L. A. Sayre, of New York, thought if the front strap was removed that Dr. Turnipseed's apparatus would be improved. It would then be very much like the old-fashioned figure-of-eight bandage, and no better.

Dr. W. W. Dawson, of Cincinnati, O., remarked that no apparatus had ever been devised which could keep the shoulder *outward*, except by making a lever of the arm, which it was impossible to do practically because of the pressure produced upon the vessels and the nerves. He thought the action of Dr. Turnipseed's apparatus was to bring the points of the shoulders nearer to each other, and therefore necessarily increased the shortening.

Dr. A. C. Post, of New York, thought that the apparatus did not possess any special advantages.

Dr. Glenn, of Nashville, Tenn., referred to an operation performed by the late Dr. Paul F. Eve, of Nashville, for fracture of the clavicle, which consisted in cutting down and wiring the fragments together with silver wire, closing the wound, and leaving it to unite. During the last five years of his life he succeeded in obtaining eminently satisfactory results in many cases.

Dr. W. T. Briggs, of Nashville, Tenn., remarked that the cases

upon which Dr. Eve operated were those of ununited fracture of the clavicle, and that he merely suggested the operation for simple fracture of the bone.

Dr. Glenn remarked that he knew personally of one case in which Dr. Eve performed the operation for recent fracture, and with good success.

Dr. Turnipseed, in closing the discussion, remarked that the strap in front upon his appartus was intended simply to keep the collars upon the shoulders.

Dr. C. V. Mothram, of Lawrence, Kan., reported a case of chronic dislocation at the hip-joint.

Dr. W. W. Dawson, of Cincinnati, O., exhibited several specimens of vesical calculi, after which the section adjourned to meet on Wednesday, May 7th, at 3 p. m.

WEDNESDAY—MAY 7TH—SECOND DAY.

The Section was called to order at 3 p. m. by the chairman.

The minutes of the previous meeting were read and approved.

The first paper was read by Dr. I. N. Quimby, of Jersey City, and entitled Conservative Surgery.

It consisted essentially of a paper formerly read before the section at the annual meeting, held in Chicago, in 1877, the case at that time being incomplete.

Dr. Lewis A. Sayre, of New York, followed with a supplementary Report on the Treatment of Pott's Disease by Means of the Plaster-of-Paris Jacket.

The report contained a complete analysis of one hundred and eleven cases, with extended reference to opinions expressed by eminent surgeons both in this country and in Europe.

The paper was discussed by Drs. T. Clay Maddux, of Maryland; A. C. Post, of New York; H. O. Marcy, of Massachusetts; E. H. Dugas, of Georgia; I. N. Quimby, of New Jersey; W. A. Byrd, of Illinois; T. A. McGraw, of Michigan; and closed by Dr. Sayre.

On motion by Dr. Maddux, the thanks of the section was tendered to Dr. Sayre for his valuable report.

Dr. J. E. Link, of Terre Haute, Ind., read a paper upon Amputation by Open Cone-Shape Method, in which he claimed as

advantages a better shaped stump and better results than by any other method; and also claimed that it was a method which originated with himself, and had not been adopted by any other surgeon.

Dr. W. F. Peck, of Davenport, Iowa, remarked that he had seen the same operation performed in Bellevue Hospital, New York, long ago, by Dr. James R. Wood.

The paper was discussed by Drs. Beck, of Ohio; Marcy, of Massachusetts; Byrd, of Illinois; Quimby, of New Jersey; Gracelon, of Maine; Fuller, of Maine; and closed by Dr. Link.

Urinary Calculus with Consideration of its Hygienic, Etiological, Pathological and Surgical Relations—with forty-six cases, was the title of a paper read by Dr. H. F. Campbell, of Augusta, Georgia.

The bilateral method was the one employed in all the operations.

The paper was discussed by Drs. Dawson and Mussey, of Cincinnati, O., and Dowell, of Texas.

The section then adjourned, to meet at 3 p. m. Thursday, May 8th.

THURSDAY, MAY 8. THIRD DAY.

The section was called to order at 3 p. m. by the chairman.

The minutes of the previous meeting were read and approved.

A paper by Dr. William Scott, upon Ecraseur for removal of Uterine Tumors, was presented by the Secretary.

Treatment of Hemorrhoidal Tumors by Carbolic Acid Injection, was the title of a paper read by Dr. J. R. Weist, of Richmond, Ind., Secretary of the Section. Dr. Weist called attention to that method of treating hemorrhoidal tumors, believing that it was superior to any yet employed. The theoretical objections that had been raised against it were the occurrence of thrombosis and embolism. By a series of experiments, Dr. Weist had reached the conclusion that carbolic acid had almost no coagulable power upon blood within veins.

Dr. A. C. Post, of New York, referred to Salmon's method, commonly known as Allingham's method, which had been performed many hundreds of times with almost uniform success in the practice of surgeons in this country, and regarded it as proba-

bly the most certain and the most safe mode of treatment at our command.

Dr. W. A. Byrd, of Illinois, referred to dilatation of the sphincter by the closed hand so as to allow the pile above to get well at the same time with the cure of the ruptured sphincter.

Dr. W. W. Dawson, of Ohio, remarked that his surgical operations for piles had been uniformly successful. He used the knife for the external, the ligature for the internal pile, and he had not yet had an accident follow the patient. He thought one secret of success was *positive* strangulation of the pile. He had not found it necessary to paralyze the sphincter before the operation. With regard to the new method, if experiments proved that there was no danger from embolism, it might be a good method.

Dr. J. W. Murphy, of St. Paul, Minn., referred to *twenty* cases which he had treated by the use of carbolic acid injections, and with good results in all.

Dr. H. W. Brown, of Texas, remarked that he had been using the new method in preference to either the ligature or the knife. He used the carbolic acid as nearly pure as possible, simply diluting it with a small quantity of alcohol, and he threw only a few drops into each tumor.

Dr. E. Smith, of Detroit, Mich., referred to treatment of piles by transfixing the tumor with a hot iron.

Dr. A. B. Cook, of Louisville, Ky., referred to his successful treatment of hemorrhoids by means of carbolic acid injections, and the form in which he ordinarily used it was one-half carbolic acid, one-fourth glycerine and one-fourth distilled water. The solution with glycerine should be perfectly clear; if not so it was evident that the acid was impure, and should not be used. He emphasized the importance of introducing the point of the needle *into* the cavity of the tumor, thus avoiding the sloughing which would follow injection of the cellular tissue.

Dr. Dawson emphasized the non-use of the knife in the treatment of internal piles, and thought that for the removal of old hemorrhoidal tumors something more radical than injections was required.

Dr. A. C. Post thought that no *good* surgeon, at the present time, used the knife in the treatment of internal piles.

The next paper was read by Dr. T. Clay Maddux, of Maryland, On the Nature of Gonorrhœa, and was referred without discussion.

Dr. Thos. F. Rochester, of Buffalo, N. Y., presented a pathological specimen of typhlitic abscess opening into the bladder and the rectum, with its clinical history. Of perityphlitic abscess he had had twenty-three cases, and in nearly all he had obtained an autopsy. It was usually excited by disease in the vermiform appendix. The foreign bodies which were found, and so frequently called grape-seeds, fæcal calculi, etc., were in very many instances *gallstones*. In the case reported, the foreign body was originally a gallstone, as shown by analysis. The abscess opened into the bladder and the rectum, and the case was of about three years' duration. The patient asked for an operation, and the propriety of granting his request was fully recognized at post-mortem.

Dr. A. M. Pollock, of Pittsburg, Pa., exhibited and described A New Instrument for the Administration of Anæsthetics.

It consists of a spiral cylinder open at both ends so as to freely admit atmospheric air. The specimen exhibited was about 8 inches in length by 4½ inches in diameter, and was made of a simple brass wire coiled spirally. The cylinder was to be enveloped by a towel. Its advantages were economy, cleanliness, and safety.

The section then adjourned. After the adjournment, Dr. Sayre, at the request of the section, applied the plaster-of Paris jacket to two cases of Potts' disease, for the purpose of giving the members a practical demonstration of the method of treatment.

Section on State Medicine, Public Hygiene, Medical Jnrisprudence, Chemistry, and Psychology.

Dr. John S. Billings, of Washington, D. C., Chairman. Dr. J. T. Reeve, of Appleton, Wis., Secretary.

TUESDAY, MAY 6TH. FIRST DAY.

The section was called to order at 3 p. m., by the Secretary, who announced that owing to the temporary illiness of Dr. Bill-

ings, it was necessary to elect a chairman *pro tem.* On motion, Dr. J. L. Cabell, of Charlottsville, Va., was elected chairman.

Dr. A. F. Bell, of New York, announced the death of Dr. Wm. N. Compton, the former chairman of the section on Medical Jurisprudence.

Dr. E. Grissom, of North Carolina, paid an eloquent tribute to the memory of Dr. Compton, who died while in the service in the late epidemic of yellow fever. The chairman appointed Drs. E. Grissom, of North Carolina, J. M. Toner, of the District of Columbia, and F. Pratt, of Michigan, a committee to draft suitable resolutions and present them to the Association in General Session.

The Regulation of Medical Practice by State Boards of Health, as Exemplified in Illinois, was the title of a paper read by Dr. H. A. Johnson, of Chicago, Ill.

The paper was a full exposition of the thorough reform effected under the provisions of the new law.

Dr. J. H. Rauch, of Chicago, spoke of the success of the present system of regulating medical practice, and the good it had accomplished for the people generally, as well as for the profession in elevating its grade.

Dr. Gihon, of the United States Army, believed in the thorough regulation of the practice of medicine by the State, in such a manner as to prevent quacks from imposing upon the public, simply because they could show a diploma.

The discussion was prolonged at considerable length.

Dr. S. E. Chaillè, of New Orleans, La., read a paper upon State Medical Societies and State Medicine, which, on motion by Dr. Bell, of New York, was referred to the Association in General Session.

Psycho-Physiological Hand, was the title of a paper read by Dr. E. Seguin, of New York City.

The theory of the paper was that, in cases of idiots, all education of intellect must begin by education of the senses. An interesting case was related.

The section then adjourned, to meet on Wednesday, May, 7th, at 3 p. m.

WEDNESDAY, MAY 7TH. SECOND DAY.

The section was called to order at 3 p. m. by the chairman.

Dr. E. Grissom, of North Carolina, read a fitting memorial on the death of Dr. Wm. H. Compton, of Mississippi.

The resolutions accompanying it were seconded by Drs. Taylor, of Kentucky, and Browning, of Mississippi.

The New Principles of Protective (Private) Sanitation in its Relation to Public Hygiene, was the title of a paper sent by Dr. H. R. Storer, of Newport, R. I., and read by Dr. E. S. Dunster, of Michigan.

The paper was referred to the Committee on Publication.

Dr. E. Seguin, of New York, made some remarks upon The Report on Intervention of Physicians in Education.

On motion, the address of the chairman was referred to the Committee on Publication.

Resolutions relating to the next census and the organization of the profession in all the States were then offered and adopted, and the section adjourned, to meet on Thursday, May 8th, at 3 p. m.

THURSDAY, MAY 8TH. THIRD DAY.

The section was called to order at 3 p. m. by Dr. J. F. Hibbard, of Indiana, the chairman-elect.

Dr. S. E. Chaillé, of New Orleans, La., presented resolutions looking toward the appointment of a committee on medical organization. The report was adopted.

The Medical Examiner System of Massachusetts, was the title of a paper read by Dr. F. A. Harris, of Massachusetts. It was referred to the Committee on Publication.

The Report of Dr. Billings, chairman of the committee on the question of hospitals, was read. It was accompanied by diagrams and lithographic illustrations of hospitals for small towns, on approved plans. It was referred to the Committee on Publication, with instructions to consult with Dr. Billings with reference to the manner of publication.

Dr. Alban S. Payne, of Virginia, presented a paper on The Treatment of Small-Pox in the Stage of Initial Fever, after which the section adjourned.

Section on Ophthalmology, Otology, and Laryngology.

Dr. Hermann Knapp, of New York City, Chairman; Dr. A. W. Calhoun, of Atlanta, Ga., Secretary.

TUESDAY, MAY 6TH. FIRST DAY.

The section was called to order at 3 p. m. by the chairman.

Dr. E. Williams, of Cincinnati, was elected Honorary Chairman, and Dr. B. A. Pope, of New York, Vice-President.

Dr. E. Williams, of Ohio, read a paper upon Ivory Exostosis of the Orbit, which consisted mainly in the history of a case. In future he would attempt to remove the exostosis without removing the eyeball.

Dr. O. H. Voorhees, of Memphis, Tenn., read a paper on Impairment of Sight Produced by Excessive Doses of Quinine, and referred to cases.

Dr. H. Knapp, of New York, then gave Demonstrations of Anatomical and Microscopical Specimens, and of Instruments and Apparatus.

A prolonged discussion upon Syphiltic Diseases of the Cornea, was held, after which the section adjourned, to meet on Wednesday, May 7th, at 9 a. m.

WEDNESDAY, May 7TH. SECOND DAY.

The section was called to order at 9 a. m. by the chairman.

Drs. B. A. Pope, of New York, A. W. Calhoun, of Georgia, and H. Knapp read papers on Cataract Extraction, and a general discussion followed, which was participated in by a large number of members.

The section, at 11 a. m., adjourned to meet at 3 p. m.

At 3 p. m. the section was called to order by the chairman.

The discussion of the subject of cataract extraction was continued.

An operation for the Cure of Cystoid Cicatrix, was the title of a paper read by Dr. D. S. Reynolds, of Louisville, Ky. In the proposed operation a thread was passed through the cornea; and the author stated that he had never seen keratitis follow the operation.

Dr. Eugene Smith, of Detroit, Mich., read a paper upon the

Cure of Xerophthalmia by Operation. The result of the operation was permanent union of the ball and the lids.

Dr. Knapp, of New York, presented *pathological specimens.* One, a case of plastic cyclitis; the other a ciliary body containing a chip of brass. A brief clinical history was given with the specimens. The section then adjourned, to meet on Thursday, May 8th, at 9 a. m.

THURSDAY, MAY 8TH. THIRD DAY.

The section was called to order at 9 a. m. by the chairman.

The Chairman read a paper on Disease of the Mastoid Process.

The paper gave rise to prolonged discussion, which was participated in by Drs. Leartus Connor, of Detroit, Mich.; B. A. Pope, of New York; E. Williams, of Cincinnati, Ohio; A. W. Calhoun, of Atlanta, Ga.; E. Smith, of Detroit, Mich.; and A. H. Voorhees, of Memphis, Tenn.

There being no further business before the section, it adjourned. (*N. Y. Med. Record.*)

ARTICLE X.

ILLINOIS STATE MEDICAL SOCIETY, Proceedings of the Twenty-Ninth Annual Meeting, held in Lincoln, on the 20th and 21st days of May, 1879.

The members of the Society assembled in the Opera House, and were called to order by the President, Dr. E. P. Cook, of Mendota, at 11 o'clock A. M. Prayer was offered by the Rev. George Stevens, of Lincoln; after which, T. T. Beach, Esq., in behalf of the Committee of Arrangements and citizens of Lincoln, welcomed the members of the Society to the hospitalities of the city in an appropriate and eloquent address. He complimented them as the conservators of the public health; and spoke of their annual gatherings as admirably calculated to promote the education, advance the science and to cultivate the social intercourse and friendship of the profession. He alluded to the ancient origin of the profession, and to the wonderful progress made in its science and usefulness in modern times. He spoke

of the discoveries of Harvey, Jenner and others, and the opposition they had met from their contemporaries, and their ultimate triumph. He commended the faithfulness of the profession in the discharge of the most arduous duties at all times, and under all circumstances, to rich and poor alike. He did not think there was any class of community so ready to extend aid to the poor. He approved the laws establishing a State Board of Health and regulating the practice of medicine, saying that they had already done much good and ought to be sustained both by the profession and the community. He closed by again cordially welcoming the society to the hospitality of the profession and citizens of Lincoln.

The President called upon Dr. E. Ingals, of Chicago, to respond to the address. He said on taking the stand, that some of his colleagues from Chicago must have been playing a joke on him by inducing the President to call him up in the midst of so many so much more able to respond in fitting terms to the eloquent and cordial welcome to which we had just listened. We had come together for a brief respite from the round of daily toil, to advance our knowledge, to re-kindle our social feelings and to strengthen the ties of friendship, and in behalf of the society he fully reciprocated the kindly sentiments that had been so happily expressed. He did so with all the more pleasure because they had been uttered by a distinguished member of the legal profession. A profession which had, indeed, done much for the doctors, especially while having them on the stand as expert witnesses.

Dr. R. P. Wilson, Chairman of the Committee of Arrangements, presented a programme, recommending that the morning meetings commence at 9½ A. M., and the afternoon meetings at 2½ P. M., and extending invitations to attend an exhibition of the pupils of the Asylum for Feeble Minded Children, on Tuesday evening; a puplic address by Dr. N. S. Davis, on Wednesday evening, and at a later hour the same evening, a reception by Genl. and Mrs. Latham. The programme and invitations were accepted by a vote of the society.

The Secretary read a letter from Dr. E. Swisher, asking permission to withdraw from membership in the society, on account

of having removed from the State. The request was granted, and on motion of Dr. T. D. Fitch, Dr. Swisher was unanimously elected an honorary member of the society.

The following were introduced by the Committee of Arrangements and took their seats as members by invitation: Drs. J. W. Downey, of Pekin; B. F. McMennany, of Bethany; A. C. Reno, of Albion; O. C. Reynolds, of Illinois; P. H. Oyler, of Mount Pulaski; A. H. Mersenback, of Illinois; Hosea Davis, of Littleton; Brooks R. Hamilton, of Nauvoo; J. J. Starkey, of Waynesville; A. D. Taylor, of Williamsville.

The list of standing and special committees was called, and special hours were designated when the report from each should be read. Volunteer papers were also called for and assigned to particular hours for being read and discussed.

The President, Dr. E. P. Cook, of Mendota, then delivered the annual address, which was listened to with great interest and attention. After its conclusion, the thanks of the society were tendered to the speaker. The recommendations were referred to a special committee, consisting of Drs. David Prince, G. W. Nesbitt, and H. Z. Gill, with instructions to report at this or the next annual meeting, as they might determine; and a copy of the address was requested for publication in the transactions of the society. The society then adjourned until 2½ P. M.

AFTERNOON SESSION.

At 2½ P. M., the members were called to order by the President, Dr. E. P. Cook, of Mendota.

Dr. D. Prince, of Jacksonville, read a short and interesting paper on the "Sanitation of Small Cities," which was received and referred to the Committee of Publication.

Dr. J. E. Owens, of Chicago, presented and read the report from the standing Committee on Surgery. It was listened to with interest and close attention, and was followed by a profitable discussion, in which Drs. E. Andrews, J. A. Walker, D. Prince, and J. H. Hulbert participated. (See remarks following the report.)

On motion of Dr. Prince the report was referred to the Committee of Publication.

Dr. Truesdell, of Rock Island, read an interesting paper on fractures of the femur, which was followed by remarks from Drs. D. Prince and H. Z. Gill. (See notes following the paper.)

On motion of Dr. Prince the paper was referred to the Committee of Publication.

Dr. J. H. Hollister called attention to the rule that all papers of more than fifteen pages of foolscap manuscript should be presented and read by abstract.

Dr. C. C. Hunt, of Dixon, presented the report of the standing Committee on Obstetrics, and read an abstract of the same.

On motion of Dr. E. Ingals the report was received and referred to the Committee of Publication.

Dr. S. J. Jones, of Chicago, presented and read the report of the Committee on Ophthalmology and Otology, which, on motion of Dr. E. Ingals, was received and referred to the Committee on Publication.

Dr. H. M. Lyman, of Chicago, read a paper on State Medicine, which was discussed to a limited extent by Drs. Hollister, Prince, Ingals, and Gill; and on motion of Dr. J. H. Hollister, was laid upon the table, to be taken up again at the pleasure of the society.

The meeting then adjourned until 9 A. M., the following morning.

WEDNESDAY MORNING, 9 A. M.

The members were called to order by the President, Dr. E. P. Cook, who announced the first order of business to be the appointment of the nominating committee.

A recess of ten minutes was taken to enable the members from each county represented to select one of their number to act on the committee.

On being called to order, the secretary read the names of those selected, as follows:

Committee on Nominations.—Drs. D. M. Slemmons, Woodford county; F. B. Waller, Fayette county; G. W. Albin, Cumberland county; A. C. Corr, Macoupin county; O. C. Reynolds, Christian county; A. C. Rankin, Iriquois county; W. E. Gilliland, Adams county; R. E. McVey, Morgan county; E. L. Herriott, Calhoun county; W. R. McKinzie, Randolph

county; M. W. Walton, Stephenson county; C. Chenoweth, Macon county; C. C. Hunt, Lee county; H. Kelso, Ford county; A. T. Darrah, Champaign county; J. W. Newcomer, Menard county; G. W. Nesbitt, DeKalb county; T. M. Rogers, Wayne county; J. M. Armstrong, Madison county; H. Hatch, Pike county; W. J. Moore, Vermillion county; J. W. Fink, Montgomery county; H. Z. Gill, Jersey county; C. C. Allen, Brown county; B. M. Griffith, Sangamon county; W. West, St. Clair county; J. A. Walker, Mason county; J. J. Starkey, De Witt county; O. B. Hill, Peoria county; E. P. Cook, La Salle county; T. D. Fitch, Cook county; R. W. Crothers, Tazewell county; W. Hill, McLean county; N. S. Reed, Cass county; W. T. Kirk, Logan county; T. J. Maxwell, Henderson county; C. Truesdell, Rock Island county.

Dr. G. Wheeler Jones, of Danville, then presented and read the report of the Committee on Practical Medicine, which was listened to with marked attention, and referred to the Committee of Publication.

Chairman of the Committee of Arrangements read an invitation from Mrs. Col. Latham tendering the members of the State Medical Society a reception at her residence on Wednesday evening. On motion the invitation was accepted.

Dr. C. H. Norred read a paper on the Uses of Chloral and the Bromides in Obstetric Practice.

The paper was accepted and referred to the Committe of Publication.

Dr. E. Ingals, Chairman of the special Committee on Medical Education, read a report that was listened to with much interest.

The following resolutions were appended to the report:

Resolved, That the Illinois State Medical Society requests of all regular medical colleges, that they institute preliminary examinations for students who apply for admission to their classes, and only admit such as have, at least, a thorough English education.

Resolved, That the annual sessions of lectures by the regular faculties should not be of shorter duration than six months.

Resolved, That all students should be required to study medicine five years and attend three full annual sessions of lectures

before they are admitted to examination for the degree of Doctor of Medicine.

On motion the report was accepted and referred to the Committee of Publication; and the resolutions were adopted, the first two unanimously, and the third with but few negative votes.

Short papers were presented and read by Drs. E. Andrews and E. L. Holmes, and referred to the Committee of Publication.

The society then adjourned until 2½ P. M.

AFTERNOON SESSION.

At 2:30 p.m. the Society was called to order by the President.

Dr. T. D. Fitch, of Chicago, read the report of the Committee on Gynæcology, which was received and referred to the Committee of Publication, without discussion.

Dr. T. F. Worrell, of Bloomington, chairman of the Committee on Necrology, stated that he had a report nearly completed, but it had been accidentally left at home. On motion, he was requested to complete his report and transmit it to the Committee of Publication.

Dr. Sarah Hacket Stevenson, of Chicago, read a paper on disorders of the Sympathetic Nervous System, illustrated by cases. The paper was discussed by Drs. Jewell and Stevenson, after which it was referred to the Committee of Publication.

Dr. H. Z. Gill, of Jerseyville, read his report as Special Committee on Croup; and also a short paper as supplementary to the report of the Committee on Surgery.

The report on croup was illustrated by two finely executed plates, showing the anatomy of the parts, which the writer requested permission to retain.

On motion of Dr. N. S. Davis, his request was granted, and both the report and paper were referred to the Committee of Publication.

Dr. Eli Brower, of Olney, chairman of the Special Committee to whom had been referred the communication on the subject of remuneration to medical witnesses in courts of justice, etc., at the last annual meeting, sent a full and interesting report, which

was read by the Secretary and referred to the Committee of Publication.

Dr. J. H. Hollister, of Chicago, presented his annual report as treasurer of the Society. It had been duly audited, and was referred for publication.

Dr. B. M. Griffith, of Springfield, chairman of the Nominating Committee, made the following report:

To the President and Members of the Illinois State Medical Society,

GENTLEMEN:—Your Committee on Nominations met at the Lincoln House parlors at 12 m. to-day, all present except the President and Dr. N. S. Read. They beg leave to submit as the results of their deliberations, the following report, viz.:

For President, Ephraim Ingals, Chicago; 1st Vice-President, George Wheeler Jones, Danville; 2d Vice-President, C. C. Hunt, Dixon; Treasurer, John H. Hollister, Chicago; Assistant Secretary, Washington West, Belleville. Place of meeting, Belleville.

Committee of Arrangements.—T. B. Moore, Belleville; Washington West, Belleville; T. M. Armstrong, Madison county; Wm. R. McKenzie, Randolph county; H. Z. Gill, Jerseyville.

Committee on Practical Medicine.—W. S. Caldwell, Warren; F. B. Haller, Vandalia; I. S. Whitmire, Metamora.

Committee on Surgery.—W. Hill, Bloomington; A. C. Rankin, Loda; J. G. Harvey, Grove city.

Committee on Obstetrics.—G. W. Nesbitt, Sycamore; E. L. Harriott, Grafton; I. W. Fink, Hillsboro.

Committee on Gynæcology.—T. Davis Fitch, Chicago; J. Y. Campbell, Paxton; L. H. Corr, Carlinville.

Committee on Ophthalmology.—W. T. Montgomery, Chicago; J. M. Everett, Dixon; J. P. Johnson, Peoria.

Committee on Drugs and Medicines.—C. B. Johnson, Champaign; Jehu Little, Bloomington; Thos. Whitten, Irving.

Committee on Necrology.—T. F. Worrell, Bloomington; G. W. Albin, Neoga; E. Ingals, Chicago.

Vacancies in Judicial Council.—F. B. Haller, Vandalia; E. Ingals, Chicago; M. W. Walton, Ridott.

Committee on State Register.—E. P. Cook, Mendota; F. L. Matthews, Springfield; D. S. Boothe, Sparta.

Special Committees.—Croup: H. Z. Gill, Jerseyville; Diseases of Children: Chas. W. Earle, Chicago; M. W. Watton, Ridott.

Pelvic Cellulitis (Parametritis).—P. L. Dieffenbacher, Havana; Pneumonia: J. Maclay Armstrong; Antiseptic Surgery: Edwin Powell, Chicago; Abnormal Thermal Conditions in Diseases and the Means of Controlling them: J. H. Hollister, Chicago.

The following resolution was unanimously adopted by your committee, viz.:

Resolved, That hereafter the Illinois State Medical Society shall meet in Chicago every third year.

B. M. GRIFFITH, *Chairman.*

T. D. FITCH, *Secretary.*

The report was received, and Dr. J. H. Hollister moved to substitute Chicago for Belleville, as the place for the next annual meeting.

After some remarks from Drs. Waller, Rauch, Davis and Jewell, the motion was rejected.

The whole report except the appended resolution was then adopted.

A motion was made to lay the resolution on the table, which was carried.

The Secretary presented a communication from the Centennial Medical Society, concerning Weak, Impure and Adulterated Drugs, which was read and referred to the standing Committee on Drugs and Medicines.

Dr. W. West offered the following, which was unanimously adopted:

Resolved, That the Illinois State Medical Society regards with satisfaction and hearty approval, the efforts of Hon. Wm. R. Morrison to repeal the onerous duty on quinine.

Dr. D. Prince, of Jacksonville, presented the following report, which was adopted:

Resolved, As the sense of the Illinois State Medical Society that the forms of law adopted for estabishing a question of crime,

are unsuited to the determination of a question of insanity, on account of the exposure to public curiosity and the supposed disgrace attending a trial by jury; and that this mode of procedure should be reserved for the cases in which it is requested by the parties who are suspected to be insane, or by the friends of such parties, and who are desirous of establishing by this means the mental soundness of the person in question.

Resolved, That the bill now pending in the Legislature of the State of Illinois, entitled An Act to revise the Law in Relation to Commitment and Detention of Lunatics, meets with the hearty approval of the Illinois State Medical Society. And that in the interests of humanity and for the credit of our own State, this Society respectfully prays that the Legislature now in session will speedily adopt the provisions of said bill as the law of our State.

DAVID PRINCE,
H. Z. GILL,
G. W. NESBITT,
} *Committee.*

Dr. R. E. Starkweather moved that the secretary be directed to cause the foregoing resolutions to be presented to the Legislature without delay, which was adopted.

On motion the society adjourned until after the public address in the evening.

EVENING SESSION.

At 8 o'clock p. m., the hall in which the meetings had been held was filled by a reputable assembly of citizens, and Dr. N. S. Davis, of Chicago, delivered an address on the Nature of Medical Science and Art, and their Relations to the Important Interests of Society.

At the close of the address, Dr. E. P. Cook, President of the Society, took the chair and resumed the order of business.

Dr. G. W. Nesbitt, of Sycamore, offered a resolution favoring a law allowing physicians compensation for making returns of certificates of deaths, births, etc.

After some remarks in opposition by Drs. Davis, of Chicago, and Jones, of Jacksonville, and in favor by Dr. Lyman, of Chicago, the resolution was laid on the table.

On motion of Dr. T. D. Fitch, the Committee of Publication was directed to furnish all the medical periodicals, copies of the

transactions of the Society, and if necessary, bind a sufficient number in paper for that purpose.

Dr. G. W. Nesbitt, of Sycamore, offered the following resolutions, which were adopted:

WHEREAS, In the opinion of the Illinois State Medical Society, many diseases are generated and propagated by the crowded and unventilated condition of our public school houses; therefore be it

Resolved, That a committee of three be appointed by the chairman of this Society, to memorialize the Legislature of the State of Illinois, at its next session, to enact a law establishing a board of commissioners of hygiene, consisting of the County Superintendent of Schools, County Surgeon, and one physician, in each county in this State, whose duty it shall be to inspect all public school houses, and see that they are supplied with proper means of ventilation, and are of sufficient size to accommodate the number of pupils in attendance; to inspect all proposed sites and plans of new school houses, and approve or reject the same; and to adopt such measures for the preservation of health in our public schools as from time to time they may think necessary and proper. Provided, that no measures so adopted shall conflict with the rights or duties of any local board or officer already established.

Resolved, That the committee so appointed to memorialize the Legislature be instructed to prepare a bill embodying the substance of the foregoing resolution, and present the same to this Society at its next session, for their approval, before introducing the same to the Legislature of the State.

The President appointed as a committee under the above resolution Drs. G. W. Nesbitt, of Sycamore, H. M. Lyman, and J. N. Rauch, of Chicago.

Dr. N. S. Davis offered the following resolutions, which were unanimously adopted:

Resolved, That the thanks of this Society are most cordially tendered to the Committee of Arrangements for the faithful and judicious manner in which they have provided accommodations for our present meeting.

Resolved, That the thanks of the Society are hereby tendered

to Dr. C. L. Wilbur and the officers of the State institutions for the education and care of feeble minded children, for the very interesting exhibition of progress and excellence in management the members of the society had the pleasure of witnessing on Tuesday evening.

Resolved, That our thanks are also tendered to the profession and citizens of Lincoln generally, and to Col. and Mrs. Latham in particular, for the hospitality and elegant and enjoyable reception at the residence of the latter.

The following were appointed delegates to the American Medical Association, and the State Medical Societies: G. W. Frank, of Hillston; E. P. Cook, of Mendota; G. W. Nesbitt, of Sycamore; C. H. Norred, of Lincoln; Wm. Hill, of Bloomington; W. J. Moore, and G. W. Jones, of Danville; W. M. Chambers, of Charleston; C. C. Hunt, of Dixon; W. G. Cochran, of Fair City; C. Goodbrake, of Clinton; S. W. Stevenson, and T. D. Fitch, of Chicago; G. W. Albin, of Neoga; G. W. Newcomer, of Petersburg; E. Ingals, of Chicago; T. G. Maxwell, of Biggsville; E. L. Herriott, of Grafton; Saml. Milcher, of Cass Point; J. H. Hollister, of Chicago; Lucede H. Caxar, of Carlinville; G. F. Worrell, of Bloomington; D. Paine, of Jacksonville; R. L. Rea, of Chicago; L. L. Leeds, of Lincoln; R. E. Starkweather, Chicago; N. Wright, of Chatham; C. T. Wilbur, of Lincoln; E. Andrews, of Chicago; J. D. Bennett, of Assumption; J. R. Jones, of Lemoyle; E. L. Holmes, of Chicago.

Missouri State Medical Society.—Drs. E. L. Herriott, Grafton, and J. S. Williams, Otterville.

Indiana State Medical Society.—Drs. E. T. Pritchard, Georgetown, and S. H. Berry, Chicago.

Michigan State Medical Society.—Drs. E. Andrews, and S. J. Jones, Chicago.

Kentucky State Medical Society.—Dr. Wm. T. Kirk, Alton.

Wisconsin State Medical Society.—Drs. T. D. Fitch, J. S. Jewett, and R. L. Rea.

Iowa State Medical Society.—Dr. Thos. Gault, Ridott.

The business of the Society having been completed, the President, Dr. E. P. Cook, made some appropriate remarks, congratulating the members on the pleasantness and success of the session,

and introduced the President elect, Dr. E. Ingals, of Chicago, who was received with hearty cheers. The Society then adjourned *sine die*.

N. S. DAVIS. *Per. Secretary.*

ARTICLE XI.

CHICAGO MEDICAL SOCIETY. Regular meeting May 5. Reported by ROSWELL PARK, M.D. DR. ANDREWS, President, in the chair.

DR. F. C. HOTZ reported the following case of Traumatic Aneurism of the Eyelid: The doctor had performed an operation for trichiasis upon the upper lid of a young lady. For the purpose of transplanting the false eyelashes, an incision was made along the free edge of the lid. On the third day the sutures were removed, and the wounds were found to be healed by first union, except a small gap in the center of the free edge. Ten days after the operation, a profuse hæmorrhage occurred, the source of which proved to be a small aneurism protruding from that gap at the center of the edge of the lid. The aneurismal sac was excised, and pressure bandage applied. The wound then closed up by firm cicatrization.

DR. F. C. HOTZ also reported the case of chloroform asphyxia described in an article in the June number of the JOURNAL AND EXAMINER. In the discussion which followed this report, the President said he recollected an analogous case of an intemperate man with delirium tremens, who refused all food and medicine, and desperately resisted all attempts to administer either. He directed the administration of sufficient chloroform to at least render possible the exhibition of morphia. (This before the days of hypodermic medication.) The plan succeeded admirably, till suddenly respiration ceased, the usual symptoms supervened, and the patient died in spite of all efforts to resuscitate.

DR. HOLMES said that personally he had discontinued the use of chloroform some nine years ago, except in the case of young children, although his assistants often administered it. He had

been unfortunate enough to have seven or eight deaths, from its use, on the table. It was now a number of years since he adopted the method of raising the feet as an aid to restoration of vitality. Alluding to the fact that sometimes alarming symptoms came like a shot, while at other times anæsthesia was almost completely recovered from before they were noticed, he thought it essential to safety to carefully watch these cases until complete consciousness had returned.

DR. BOGUE, during fourteen years' practice, had seen four cases die from the effects of chloroform; and each of them while it was being administered. He considered that in two cases of the four, death was simply inevitable from idiosyncrasy on the part of the patient; in the other two this was not so certainly the case. He was positive that in one case he observed cardiac pulsations for fully twenty minutes after cessation of respiration; artificial respiration was kept up as long as the pulse beat.

DR. F. H. DAVIS deemed it likely that in these cases of chloroform asphyxia it was as often a poisoning from carbonic dioxide on account of deficient æration of the blood, as from the pure paralysis of respiration caused simply by the chloroform.

DR. R. PARK alluded to the contrary statements laid before the students in the text books; one author stating that chloroform kills by paralyzing the cardiac centers, another that it paralyzes the respiratory centers; the former being the most common statement, but made with many modifications. He had learned of cases which justified each assertion, and wished that such contradictory statements might be either reconciled or modified. He referred to an admirable paper by Dr. Chisholm, of Baltimore, giving a concise account of the dangers from the use of chloroform, in which he enumerated them as follows. First, pure carelessness in administration, giving the vapor too strong, or not watching the patient attentively. Second, reflex spasm of the laryngeal apparatus causing strangulation; the remedy for which is simple. Third, inattention on the part of the one who administers the anæsthetic, and inadequate or improper means of administration. To use a thick towel saturated and folded around the face should be regarded as a criminal procedure. Fourth, the emesis caused frequently by anæsthetics has been more than once

the real cause of death which was attributed to the latter; inasmuch as some of the contents of the stomach may be drawn from the pharynx into the trachea by violent inspiratory effort, if the patient be allowed to remain on his back. Hence the caution to turn the patient on the side as soon as there is the slightest sign of nausea. Fifth, failure to produce perfect and profound anæsthesia; since any condition short of this leaves the cardiac and respiratory centers exposed to inroads from peripheral irritation by which their function may be suddenly arrested. In this way may be accounted for those deaths that have occurred under anæsthesia for trivial operations, as well as those during more serious operations, where the timidity or anxiety of the surgeon causes him to stop the inhalation before the period of safety has been reached. Sixth, excessive administration; and seventh, the only legitimate and rarest cause of death from anæsthetics, that unknown condition called idiosyncrasy.

DR. PARK said he had ventured to give chloroform in cases of acute rheumatic endocarditis for the purpose of moving and cleansing the patient. He commended in the highest terms the method of administering the drug which he had learned from Dr. Bogue, of giving it drop by drop, from a dropping bottle, upon a single thickness of cloth held just in front of the patient's nose. This ensured free dilution of the vapor, and was, he thought, the nearest approach to perfect safety. In this way he had anæsthetized with two grams of the drug.

Alluding to the use of amyl nitrate with chloroform, he said he was now using it so, using about 1 part of the former to 300 parts of the latter. Judging from a few trials, he was inclined to think that more prostration and slower recovery followed the use of the mixture than the administration of the pure drug.

The discussion having terminated, DR. ANDREWS exhibited an oxalate of calcium calculus, about a line in diameter, which would have passed through the urethra without trouble, had not a congenital stricture of the meatus detained. It was readily removed by a simple incision and the obstruction to the flow of urine removed.

DR. F. H. DAVIS gave a brief account of a patient suffering from caries of the spine, who coughed up a little foreign body

which was sent to him for examination. Under the microscope it exhibited the characteristics of true bone, and was doubtless discharged fram a carious bone into the lung by the destructive processes, whence it was expectorated without difficulty.

MEETING MAY 19, DR. ANDREWS, President, in the chair.

DR. ANDREWS read a paper entitled, "The Corn Doctor's Progress," which appears in this number. It was received with interest, but elicited no particular discussion.

CITRATE OF CAFFEIN AS A DIURETIC IN CARDIAC DROPSY. Shapter. (*Practitioner, Jan.*, '79.)

Professor Gubler first called attention to the diuretic properties of citrate or hydrobromate of caffein, in doses of 0.25 to 0.50, as inducing abundant and immediate diuresis in cases of cardiac dropsy, when given either subcutaneously or by the mouth. S. confirms this observation by the report of four cases, in each of which the flow of urine was more than doubled by its use.

The reporters experience with it leads him to assign to it a special position as a cardiac diuretic in those cases of cardiac disorder where muscular embarrassment and neurosal incöordinate cardiac action (the indications of progressive mural decay) clinically forbid the administration of "tonic" doses of digitalis which may relieve the stagnating pressure of venous blood in the right side of the heart.

According to Binz, caffein is a diuretic or excitor of venal secretion, and it increases the heart's action either by direct stimulation to the organ itself, or by the arteries which it excites to contraction.

Practically, then, where a dilated, feeble heart contracts irregularly and is undergoing progressive mural degeneration, and where dropsy as the result is the most obvious symptom, S. recommends the above salt as the very best remedy offered

Foreign Correspondence.

ARTICLE XII.

MEDICAL SOCIETIES IN LONDON. — DISCUSSION ON CROUP AND DIPHTHERIA. — BARNES ON THE USE OF FORCEPS IN FIRST STAGE OF LABOR. — OWEN ON CLEFT PALATE. — THORNTON ON DRAINAGE OF THE ABDOMINAL CAVITY.

LONDON, May 21, 1879.

Through the great courtesy shown me by the medical men whom I have met, it has been my privilege to be present during the sessions of several medical societies here, and to listen to the discussions upon several very important questions of practice, by the most noted men of the profession.

Most of these societies meet in the same room on Berners st.; the Pathological, the Medico-Chirurgical, the Obstetrical, and the Clinical, have their home in this hall. It is very comfortably fitted up, and ornamented with marble busts of departed presidents, so that the visitor's eye can wander over the features of the great and good men who accumulated the wealth of the past in the art of medicine and surgery, at the same time the visitor can sit near by and listen to the words of these other illustrious men who are busily investigating the facts of the present. The walls of the main rooms are crowded with books of every character, on all conceivable subjects, full doubtless of the ore into which the reader must delve and dig ere the crucible can contain the pure gold which lies at the bottom of the literary smelt. If man's ills and afflictions are in proportion to the books written about him, there should be no health in him, from the crown of his head to the soles of his feet. The books are kept well, and nicely and methodically arranged for reference. I admired, above all

things, the evident determination to provide for the physical comfort of the members, by keeping everything neat and cosy. Best of all was the jolly social seance after the discussion, over a cup of coffee and a sandwich. The closing hour is ten o'clock, and about that time the tempting aroma from the steaming cups floats through the rooms, tickling the nostrils and stimulating the salivaries. What man could be mean enough to continue to speak in the midst of all this, even if he were wound up? It constitutes the gentlest and most seductive hint imaginable to discontinue a paper or discussion.

The cordiality with which strangers are received is beyond all praise. After the names have been presented to the president, by the secretary, the former officer formally welcomes them into the society as members for that session, and they are entitled to all the privileges of Fellows; clear through to coffee. One is made to feel at home; what more could be done? I have heard a good deal said about English exclusiveness and coldness. I don't believe a true English gentleman has any such attribute belonging to him, they are the most generous, the most charmingly hospitable people one can ever meet in the way of accommodation and good will. The only thing is to get right down to this deep stratum and be worthy of it.

They don't like prosy discussions at these meetings; if any unfortunate indulges in a "class meeting" experience, without very much direct application to the subject in hand, the rather cold-blooded shuffling of feet places the icy grasp of death upon his flow of eloquence or otherwise, and he is thankful for the opportunity to resume his seat. The bane of all medical societies has not been entirely eliminated in these well regulated assemblies. It is truly marvellous how speakers with "wonderful" cases, still more wonderfully *àpropos*, will spring up in every discussion imaginable, and I presume in all quarters of the globe. Then, too, it is just as usual to find what I am loath to call the orchestrion of medical debates. This instrument, you must know, is a good sized box containing a brass band (40 pieces), an organ, a bagpipe, etc., so arranged that by the touch of a spring and the turn of a crank, one can revel in the master pieces of Bethoven, Straus, Handel et al., without worry or an expenditure of

guineas. Now, these medical "orchestrions" are good things to have on hand when there is nothing to do but to listen to words without end. When one desires to learn the curt experiences of thinking men on vital issues, they are fearfully exasperating. A speech of an hour thus yields but a minute's gist. Perhaps such discussions are too much impromptu in their character to allow of generalization. I do not know that they can be changed for the better. When a man talks rather well and readily, he is about as apt to know of his talent as any one else, and it is certainly hard to ask him to hide that which he owns under a bushel. So let us be generous; ramble on, sweet talkers, you amuse if you do not interest.

The debate on the similarity or non-similarity, pathologically, of membranous croup and diphtheria, grew out of the report of a committee of the ablest men in the profession, appointed some time ago, to inquire into those important questions. It was held at the sessions of the Medico-Chirurgical Society, and such men as Dr. Johnson, Mr. Parker, Mr. Semple, Sir Wm. Gull, Sir Wm. Jenner, Mr. Jonathan Hutchinson and Mr. Wilks took part in the discussion upon the report. In the main the illustrious speakers evinced the usual proclivity to "agree to disagree," some showing a marked tendency to do more of the latter than the former. A full report of the remarks made can be found in the *Lancet* of April 26th and May 3d and 17th. There seems to be a growing tendency to admit a close relationship between the two maladies even by men who have hitherto held valiantly to the belief that they were totally distinct and separate from each other.

The principal element of disagreement came from such men as Mr. Jonathan Hutchinson and Dr. Wilks. The sum of Mr. Hutchinson's remarks are embraced in these inquiries: "Is there any *bona fide* and sound reason for speaking of diphtheria as a specific fever? Is it not much more probable that the diphtheritic false membrane may arize from *ordinary causes* of *inflammation*, and that it becomes itself contagious?" It had no period of incubation. He was inclined to believe with Sir John Cormack, heading his lectures "croup, a symptom; diphtheria, a disease." This idea of the ordinary origin of diphtheria and

its auto-inoculability was moderately acquiesced in by Sir Wm. Gull, a man whose *sang froid* is absolutely inimitable. It was rather startling to hear him say that the results of his experience had forced him to the belief that many of these cases were benefited by resort to the discarded mercurial treatment. If I remember aright, just before I left home, an article was going the rounds of the journals, in which a practitioner in the Eastern States claimed to cure all his cases by 02.5 Gm. doses of calomel. I hope it will please him to know that he has good authority at his back. Sir Wm. Jenner could find no ground upon which to rest his feet except that furnished by the assumption that both affections were "*one and the same.*" Mr. Semple stands on this ground, and Dr. Johnson finds all other very slippery.

As the conclusions of the committee may interest you, I send them.

1. Membranous inflammation confined to, or chiefly affecting the larynx and trachea, may arise from a variety of causes, as follows:

(*a.*)—From diphtheritic contagion.

(*b.*)—By means of foul water or foul air, or other agents such as are commonly concerned in the generation or transmission of zymotic disease (though whether as mere carriers of disease cannot be determined).

(*c.*)—As an accompaniment of measles, scarlatina or typhoid, being associated with these diseases independently of any ascertainable exposure to the special diphtheritic infection.

(*d.*)—It is stated on apparently conclusive evidence, although the committee have not had an opportunity in any instance of examining the membrane in question, that membranous inflammation of the larynx and trachea may be produced by various accidental causes of irritation, the inhalation of hot water or steam, the contact of acid, the presence of a foreign body in the larynx and a *cut throat.*

2. There is evidence in cases which have fallen under the observation of members of the committee and are mentioned in the tables appended, that membranous affection of the larynx and trachea has shortly followed exposure to cold, but their knowledge of the individual cases is not sufficient to exclude the

possible intervention or co-existence of other causes. The majority of cases of croupal symptoms definitely traceable to cold, appear to be of the nature of laryngeal catarrh.

3. Membranous inflammation, chiefly of the larynx and trachea, to which the term "membranous croup" would commonly be applied, may be imparted by an influence, epidemic or of other sort, which has in other persons produced *pharyngeal* diphtheria.

4. And conversely, a person suffering with the membranous affection chiefly of the air passages, such as would commonly be termed membranous croup, may communicate to another a membranous condition limited to the pharynx and tonsils, which will be commonly regarded as diphtheritic. * * * The membrane, even when chiefly laryngeal, is more often than not associated with some extent of a similar change in the pharynx or on the tonsils; and whether we have regard to the construction of the membrane, or to the constitutional state, as evinced by the presence of albumen in the urine, it is not practicable to show an absolute line of demarcation (save what depends upon the position of the membrane) between the pharyngeal and laryngeal forms of the disease.

The facts before the committee only warrant them in the view, that when it obviously occurs from a zymotic cause or distinct infection and primarily affects the pharynx, constitutional depression is more marked, and albuminuria more often and more largely present; though in both conditions some albumen in the urine is more frequently present than absent. The committee suggest that the term *croup* be henceforth used wholly as a clinical definition implying laryngeal obstruction, occurring with febrile symptoms in children. Thus croup may be membranous or not membranous, due to diphtheria or not so.

The term *diphtheria* is the anatomical definition of a zymotic disease which may or may not be attended with croup."

The report certainly covers enough ground to warrant the prolonged discussion which it awakened and which is not yet finished. The opinions expressed cannot fail to be very interesting and full of valuable information. The subject of treatment was scarcely alluded to by any one but Sir Wm. Gull; between the mercurials

suggested by him and the alcohol insisted upon by Dr. Chapman, of the States, no doubt lies the safety, and perhaps restoration to health of the sorely afflicted.

I heard the commencement of a very interesting discussion at the meeting of the Obstetrical Society, on the use of the forceps in the first stages of labors, in "lingering" and "tedious" cases. The debate was opened by the renowned Dr. Barnes, and his address was marked by his usual perspicuity and wisdom. I am sorry that I have not the space to send you his conclusions. Suffice it to say that he justified their use in preference to *ergot* or *waiting*, in the specified cases of no recognizable obstruction and purely "lingering" character.

I was somewhat amused to hear Mr. Thorburn, of Manchester, describe his efforts to make the English answer as well as the American forceps for purposes of delivery. He told how he had been compelled to resort to considerable mechanical ingenuity in the fitting of screws in the handles, etc., to increase their compressive power and prehensile capacity. The idea never seemed to enter his head that it would have been much simpler and easier to have used the American forceps at once — the natural sequence of their acknowledged superiority. One gentleman certainly displayed praiseworthy courage in reporting the results of ten years' practice in midwifery. As the reports of the society in the *Lancet*, May 17th, contain these statistics as furnished, I can properly refer to them. It is certainly an astounding record of "still births," in part acknowledged as being attributable to the use of ergot. If any one is ever justified in blindly accepting a dictum, these statistics surely suggest that the one which follows, should be written upon the walls of every obstetrical theater; "never use ergot in the parturient chamber until the womb is emptied of its contents."

One of the newest and to me most interesting works to which attention has been called, is in the line of dentistry, and done by an American, Dr. W. F. Thompson, formerly of Chicago. Teeth are removed, kept out of the mouth, well covered in warm absorbent cotton, sufficiently long to fill the largest cavity, or even to build up an entire crown of gold, and then returned to their proper cavity in the jaw. I have seen the cases and know that

the tooth has become as fast and as useful as any. The operation is only applicable to such teeth as cannot be treated in the mouth, owing to the extent of decay. The success seems to follow great care in cleansing the tooth socket of blood clots, maintaining at a certain degree the warmth of the tooth, and above all, providing for drainage of the socket for a few days after the tooth is replaced. This is accomplished by using a rather thick-walled gold tube introduced to the bottom of the tooth cavity, around which the filling is fixed. After the tube has acccomplished its purpose and the tooth become fastened and free from tenderness, the tube is closed. The latter is peculiarly the doctor's own method.

A visit to the Harveian Society gave me the pleasure of listening to a splendid paper on cleft palate, read by Mr. E. Owen. It was exceedingly well written and full of interest. The doctor concludes that the operation is followed by the most successful results if done about the third year of life. If the cleft is complete, it is best done in three stages. 1st, close the hare-lip, and this is followed by some contraction of the opening in the hard palate. 2d, close the fissure in the soft palate, this again is succeeded by still more diminution of the size of the opening in the bony portion. 3d, operate for the closure of the opening in the hard palate. Anæsthetics should be used in all cases, and Mr. Smith's gag is the best one he has ever employed for keeping the jaws well open. He has avoided all hæmorrhage in the final division of the muscles of the soft palate successfully, by making the section with the small slender point of Pacquelin's thermo-cautery. The greatest of care must be taken of the little patients after the operation, to amuse them just to the point short of laughing, and to carefully keep them above the worry which might end in crying. Rest, absolute and perfect, of the parts operated upon must be sedulously sought after and secured. They should be schooled somewhat to the confinement necessary after the operation for several days previous to its performance.

The subject of greatest interest to me at this meeting was treated of in the paper read by Mr. Knowsley Thornton, surgeon to the Samaritan Hospital for Women, on drainage in abdominal surgery. The deductions and conclusions were based mainly

upon cases of ovarian tumor, but are, as claimed by Mr. T., of universal application to all cutting involving the abdominal walls. Mr. Thornton has evidently gone through two stages of belief with reference to the usefulness of drainage in these cases, and is now emerging upon a third. 1st. Drainage seemed to give the very best of results, when a bad case or so, explainable apparently only on the ground of harmful irritation arising from the tube itself, led him to dispense with it. 2d. Quite a number of successful cases without any drainage whatever, after rather formidable operations, have led him to his present impression that with truly honest and efficient antiseptic operations, the cases requiring any drainage whatever will be very few indeed. A well closed abdominal wall after the operation is, in his mind, the safest condition for the patient to be in—a rule with few exceptions. He insists on the absolute necessity of using antiseptics, and his great experience make his utterances authoritative. Mr. Thornton is a very lucid, earnest writer, and close thinker. With over one hundred cases done by himself, with an unusually small mortality, and these added to his careful deduction, from the hundreds of cases in which he has been Mr. Spencer Wells' main and only assistant, the results of his experience are most valuable to the profession.

His readiness as an operator, his mastery of the pathology of the entire subject, his wealth of clinical study and observation, prognosticate for him a position in this field of valuable labor, unsurpassed by any who have worked in it in the past or whose labors are devoted to it in the present. If I felt at liberty so to do, I could give you an instance of the man's coolness, courage and readiness of resource under trying circumstances, which would convince you that he has already reached a climax beyond which it is impossible for any man to be taxed.

I have been intending to write you a letter about the ovariotomies I have seen while in London, but Mr. Thornton and his colleague, Dr. Bantock, do the operation so perfectly and with such elegance that I do not dare to make the attempt until I feel myself more securely grounded. Their skill of operating is only surpassed by the watchful care given to any case until recovery is insured. I will write more thereon some other time.

Following the beaten track, I have spent a few stray hours in Westminster Abbey, only to be disgusted at the neglect heaped upon the medical profession. A forest of monuments fill its naves and chapels erected to soldiers and sailors, from the foretop-man to the commodore, from the corporal to the Iron Duke. Preachers are built up in marbled abundance, poets are chiseled in solid verse, lawyers are briefly done in stone, but the doctors are nowhere. This almost leads one to believe that doctors are the only people who do not die in this country. Among other things noticed (under this oldest of roofs), was a piece of marble in wretched repair; it was labelled, "to the memory of an honest man." Even he died.

It is susceptible of proof that doctors do not kill any more people than soldiers. They certainly ought to receive acknowledgment of what is accomplished; especially, as what *is* done in that way, is done with much less noise than that made by the red coats.

More courage, self-sacrificing promptitude of action, generosity of spirit, true manliness and honesty are displayed every day in these streets by professional men in their ordinary rounds of duty than was ever thought of by so-called geniuses that have chimed a "well told tale," or fought a "hard won battle."

Poets as often sicken the mind as doctors do the body; then why a poet's corner while the doctor's surgery is passed by in silence? Here is a widely opened field for the famed English "fair play" to work wonders. The only name I saw here followed by the title of doctor, was that of Oliver Goldsmith, but as he, so far as I know, is only noted in a medical way for having held a learned and convincing conversation with Boswell on the movements of the upper jaw in the process of mastication. Good man as he was, it is hardly fair to make him the representative among the dead of the profession which has to do with the science and art of medicine and surgery. I do not expect to be found resting in Westminster Abbey in the future, unless this wretchedly prolix letter entitles me to a slab.

C. T. PARKES.

Domestic Correspondence.

ARTICLE XIII.

CHICAGO, Ill., June 18, 1879.

To the Editors of THE CHICAGO MEDICAL JOURNAL AND EXAMINER,

Gentlemen:—That I may reply explicitly to the communication of Dr. Robert Barnes, which appeared in your last number, permit me to introduce his letter in full:

LONDON, 15 HARLEY STREET, W., May 3, 1879.

To the Editor of THE CHICAGO MEDICAL JOURNAL AND EXAMINER,

Sir:—My attention has been called to an article in your issue of March last on Emmet's Operation," by Dr. E. C. Dudley, in which occurs the following passage: "Either from absolute ignorance, or from profound preju- "dice, or from a carelessness which in the law would amount to malice, the "most exhaustive gynæcological works in England (Barnes), France (Le- "blond), and Germany (Hegar, Kaltenbach, Schrœder) are absolutely "silent."

"Big words!" It is not my affair to inquire how far they may be justly applied to Leblond, Hegar, Kaltenbach and Schrœder. As to me they possibly might be applied, *if the allegation were only true* that I had been "absolutely silent" about "Emmet's operation." But as a matter of fact I have mentioned it, and with the unqualified respect which I entertain for one of the most able and illustrious of my American friends. At page 873, 2d edtiion of my "Diseases of Women," 1878, I give a compendious summary of Emmet's operation, quoting the source (*American Journal of Obstetrics*, 1874), and I conclude with the following appreciation: "I can confirm the accuracy of Emmet's views. I have performed his operation with satisfactory results."

So if there is "absolute ignorance" it is not mine: if there is "profound prejudice," it is not mine; and if there is "carelessness amounting to malice," it is not mine. It is possible that Dr. Dudley is misled by copying a similar impeachment made against me by Dr. Paul Mundé, in the *American Journal of Obstetrics*, instead of reading my book for himself. Dr. Mundé has since apologized to me for his error. Dr. Dudley

will no doubt do the same. As I am entitled to damages I claim the right to fix the penalty. I condemn him to read my book, and caution him never again to accept statements at second hand. I am, sir, yours sincerely, ROBERT BARNES.

The following is a quotation in full of all that is contained in the last edition of Dr. Barnes' book on the subject of laceration of the cervix:

"Emmet calls attention to the frequency of the laceration of the cervix, and to the serious distress they entail. (*Am. Jour. of Obst.*, 1874). They are most frequent, he says, in the median line, and more frequent in the anterior than in the posterior lip. If in the median line and confined to the cervix, they generally heal rapidly. But when the laceration extends through the vesico-vaginal septum a fistula may result; and this part of the rent may not heal. Lacerations through the posterior lip also heal rapidly; but sometimes when they extend far back, inflammation may arise, and *cause* an intractable form of retroversion. A cicatricial band is left, which must be removed before relief is obtained. But it is the lateral lacerations with which we are chiefly concerned in practice. Whenever the laceration has extended to the vaginal junction or beyond, there exists a tendency for the tissue to roll out from within the cervical canal. Hypertrophy and cystic degeneration of the lips ensue; involution is arrested, partial obliquity of the uterus is produced. On getting about, the woman is soon the subject of great distress; leucorrhœa, menorrhagia, dysmenorrhœa, difficulty in walking impel her to consult her physician. The attendant abrasion, glandular inflammation, hypertrophy, leucorrhœa are readily recognized, and many such cases are treated for ulceration ineffectually for months. Emmet has successfully treated more than two hundred such cases by paring the edges of the fissure, and uniting them by silver sutures, so restoring the cervix to its normal shape. I can confirm the accuracy of Emmet's views. I have performed his operation with satisfactory results."

It will be observed that Dr. Barnes devotes about one-half of a page to one of the most important, if not the most important, subject treated in his book, and about an entire page to making good his defense against the charge of absolute silence.

When the last edition appeared, I examined it carefully with special reference to laceration of the cervix, but failed to find anything. I am, therefore, unable to profit by the explanation charitably offered by Dr. Barnes, that I was misled by the similar error of Dr. Mundé, nor is it certain that Dr. Barnes does himself justice in presenting his book to be read as a penance. I read it with pleasure.

Had I been alone in failing to discover that Dr. Barnes "men-

tioned" this subject, such a failure might perhaps be attributed to gross carelessness, but Dr. Barnes says that the editor of the *American Journal of Obstetrics* did the same thing. Others might be mentioned, of whom one enjoys a degree of eminence not unequal to that of Dr. Emmet himself. The following is from Emmet's book.

"As soon as the practitioner becomes able to recognize this lesion under its different forms, he will be surprised to find a new explanation of all his cases of elongated or hypertrophied cervix, as well as for those of ulceration. * * * * * let any one once master the diagnosis and he will not fail to recognize the protean nature of lacerations, * * * * he will never have occasion afterwards to amputate the cervix, or any portion of it, except for malignant diseases."

Dr. Barnes, on subinvolution, hypertrophy of the cervix, cystic degeneration, "ulceration," and granular erosion, utterly ignores laceration as a cause, although it is generally the cause. His plates also (figures, 101, 103, 117, 119, 120, 121, 122) used to illustrate the so-called hypertrophied cervix, are excellent illustrations of laceration.

It is unfortunate that such plates are employed for such a purpose. In the treatment of this supposed hypertrophy and elongation amputation is sometimes advised, although for several years it has been demonstrated in the Woman's Hospital at New York and elsewhere, that these conditions may be entirely removed by suture. In the index may be found the words, *Cervix Uteri, injures to, in labor*, page 426. Here follow five pages in which laceration of the cervix is not "mentioned;" but two cuts are introduced, which whould admirably serve to illustrate the subject in a future edition.

Having failed to discover any mention of laceration, under diseases of the cervix and fundus uteri, and under injury to the cervix during labor, I supposed the author to have been "absolutely silent;" but had it occurred to me to look carefully under diseases of the vagina (which I confess it did not) I should have found a short paragraph, an abstract of one of Emmet's Memoirs, already quoted above, wedged in between sloughing of the vagina on one side and vesico-vaginal fistula on the other. It is difficult to imagine that any one not familiar with the subject would gain even a suspicion of its importance

by reading this paragraph. I now substitute for "*absolutely silent*," *practically silent.*

It is a principle of the law, that when one of two parties engaged in a dispute must suffer, that one shall suffer who by his voluntary act has made it possible for the dispute to arise. Since Dr. Barnes, by his voluntary act, has rendered possible this dispute, I am clearly the aggrieved party and he is the culprit. I desire to fix the penalty.

Dr. Barnes will overlook my oversight and that of Dr. Mundé, and publish an improved edition of his very valuable work immediately.

E. C. DUDLEY.

CUPRUM AMMONIATUM IN NEURALGIA OF THE FIFTH (*Bulletin de l'Académie de Médecine.*) (Seance of 1st April, 1879. By Dr. Féréol.) Dr. Féréol has obtained marked and sometimes instantaneous relief from the exhibition of cuprum ammoniatum, in obstinate cases of neuralgia of the fifth pair of nerves. He does not claim to have found an infallible remedy, but modestly asks for it a trial in this troublesome affection. In one or two of the cases the patients who were relieved had, previous to its administration been deprived of sleep for weeks. The commencing dose should vary from Gr. 0.10 to 0.15 a day, gradually increased to Gr. 0.30 or even 0.50, carefully watching the susceptibility of each individual. It is best administered in pills or capsules, and the daily amount above indicated should be divided into eight or ten parts, to be taken at intervals preferably with food. It is important to continue the treatment for twelve or fifteen days after the cessation of pain.

AMYL NITRATE A CARDIAC STIMULANT.—There is an accumulation of evidence that this drug is a prompt and valuable stimulant. Where a rapid action is desired, it has no equal. Even when inhaled in two-gram and four-gram doses, it has never done harm. Physicians should overcome their fear in this regard.

Editorial.

ARTICLE XIV.

CHANGES IN THE EDITORIAL STAFF OF THIS JOURNAL.

With the present number begins the thirty-ninth volume of the CHICAGO MEDICAL JOURNAL AND EXAMINER. It will be seen that a change has been effected in the editorial staff, one of those changes which were contemplated when this publication became the property of the Chicago Medical Press Association. It was then designed to secure such flexibility in the editorial management, that the journal might, as far as possible, remain a representative of the medical profession of Chicago, and that changes in the corps of editors might not affect either its character or influence.

We are called upon to write at once a valedictory and a salutatory. Dr. F. C. Hotz and Dr. E. F. Ingals retire from connection with the editorial management, voluntarily and after much effort upon our part to secure their services for the future. Both of these gentlemen are burdened with duties which will hereafter prevent their devoting time to the labor involved in editing and publishing a work of this character. To both of them, the readers and subscribers of this journal are greatly indebted, for their excellent and efficient co-operation. It is unnecessary to say that they have also largely contributed to that spirit of harmony and good feeling which has from the first characterized our journalistic labors with them. They resign to carry with them the regrets and best wishes of their confrères in the editorial staff.

One vacancy, thus created, is filled by Dr. N. S. Davis, Dean of the Faculty of the Chicago Medical College, a gentleman

who certainly needs no introduction to the medical profession of this country or to our colleagues of the medical press. Veteran editor and author, he comes to us as one who returns to a familiar field. Dr. Davis has been in turn editor of each of the two periodicals whose union gave birth to the present JOURNAL AND EXAMINER. He will be welcomed to his new position by his many friends throughout the country, and his associates congratulate themselves, as well as the readers of these pages, upon the strength which is thus added to their organization.

Dr. D. R. Brower, one of the faculty of the Woman's hospital Medical College of Chicago, succeeds to the charge of the publication department of this journal. Dr. Brower has been for some time associated in the work of this department and will bring to it the fruit of his extended experience. There will be no change in the address of the publication in consequence of this transfer, as all communications should continue to be sent, as heretofore, to No. 188 S. Clark St., Chicago, where are the rooms of the Press Association.

It should be added that the prospects of this periodical were never brighter than at present. We commence the present volume with a full subscription-list, free from all indebtedness, and with a handsome balance in bank. The conduct of this journal has been such in the past as to demonstrate the fact that a thoroughly independent and non-partisan sheet, whose sole aim is the advancement of the interests of science and scientific men the world over, not only deserves the support of such men, but receives it in such manner as to achieve financial success. It only remains for us to say that no pains will be spared in the future to render these pages valuable to the student, the practitioner, the author and the teacher of medicine.

A GERMAN physician wanted for a thriving Nebraska city. A most excellent opportunity for a German physician, well educated and of good habits. His statements must be reliably substantiated. Address for particulars Dr. A. S. V. Mansfelde, Secretary of Nebraska State Medical Society, Ashland, Nebraska.

BOOKS AND PAMPHLETS RECEIVED.

Lecture on Electricity in its Relation to Medicine and Surgery. By A. D. Rockwell, A.M., M.D. Cl., pp. 99. 1879. New York: W. Wood & Co. Chicago: W. T. Keener.

The Twelfth Annual Report of the Health Department of the Honorable Common Council of the City of Cincinnati, for the year ending Dec. 31, 1879.

The Seventh Annual Report of the State Board of Health of Minnesota, Jan., 1879.

Posological Tables, including all the Officinal and Most Frequently Employed Unofficinal Preparations. By Chas. Rice. Cl., pp. 95. 1879. New York: Wm. Wood & Co. Chicago: W. T. Keener.

Ophthalmic Out-Patient Practice. By Chas. Higgins, F.R.C.S. Second edition. Cl., pp. 116. 1879. Philadelphia: Lindsay & Blakiston. Chicago: Jansen, McClurg & Co.

Diseases of the Throat and Nasal Passages—A Guide to the Diagnosis and Treatment of Affections of the Pharynx and Œsophagus, Trachea, Larynx and Nares. By J. S. Cohen. Second edition, revised and amended. Cl., pp. 42. 1879. New York: Wm. Wood & Co. Chicago: W. T. Keener.

The Laws of Therapeutics: or The Science and Art of Medicine. By Jos. Kidd, M.D Cl., pp. 196. Philadelphia: Lindsay & Blakiston. Chicago: Jansen, McClurg & Co.

Handbook of Diagnosis and Treatment of Diseases of the Throat and Nasal Cavities. By Car. Seiler. Cl., pp. 156. 1879. Philadelphia: H. C. Lea. Chicago: Jansen, McClurg & Co.

Hearing and How to Keep it. By Chas. H. Burnett, M.D. 1879. Cl., pp. 152. Philadelphia: Lindsay & Blakiston. Chicago: Jansen, McClurg & Co.

Fistula, Hæmorrhoids, Painful Ulcer, Stricture, Prolapsus and Other Diseases of the Rectum: Their Diagnosis and Treatment. By Wm. Arlingham. Third edition, partly rewritten. Cl., pp. 325, 1879. Philadelphia: Lindsay & Blakiston. Chicago: Jansen, McClurg & Co.

Transactions of the American Gynæcological Society. Vol. III, for the year 1878. Cl., pp. 472. Boston: Houghton, Osgood & Co. Chicago: Jansen, McClurg & Co.

Diseases of the Intestines. By John S. Bristowe, M.D., J. R. Wardell, M.D., J. W. Bigbie, M.D., S. O. Habershon, T. B. Curling, F.R.S., and W. H. Ransom, M.D. Cl., pp. 243. 1879. New York: Wm. Wood & Co.

Minutes of the Medical Society of the County of New York, 1806 to 1878. Edited by A. E. M. Purdy, M.D. May. Part II.

Seventh Annual Report of the Secretary of State of the State of Michigan, relating to the Register and Return of Births, Marriages, and Deaths for the year 1873. Lansing, Mich.

Atlas of Histology. By E. Klein, M.D., F.R.S., and E. Noble Smith, F.R.C.P., M.R.C.S. Parts I, II and III. Philadelphia: J. B. Lippincott & Co. Chicago: W. T. Keener.

Bibliotheca Dermatologica, Catalogue of Cutaneous Literature in the Library of H. G. Piffard, M.D.

Alternating Anterior and Posterior Version of the Uterus. By S. C. Bussy, M.D. Reprint from Vol. III, Gynæcological Transactions.

Address on State Medicine and Medical Organization. By Stanford A. Chaille, A.M., M.D.

Minutes of the Meeting of Organization and Proceedings of the Sanitary Council of the Mississippi Valley.

Further Contributions to the Treatment of Lupus. By Henry G. Piffard. Reprint from *Med. Record*, April 5, 1879.

On Spasmodic Stricture of the Urethra. A Reply to D. F. N. Otis. By H. B. Sands, M.D.

Transactions of the American Dental Association, commencing Aug. 6, 1878.

The Perihelia Crisis. By Richard Mansil, Rock Island, Ills.

Seventh Registration Report Concerning Vital Statistics of Michigan. General Remarks and Statements.

Other Symptoms of Nervous Exhaustion. By G. M. Beard, A.M., M.D. Reprint from the *Journal of Nervous and Mental Diseases*, April, 1879.

Conclusions from the Study of One Hundred and Twenty-five Cases of Writer's Cramp and Allied Affections. By G. M. Beard, M.D. Reprint from *Med. Record*, March 15, 1879.

DR. TILBURY FOX, of London, is dead. He was the author of a treatise on skin diseases which made his name known to many Americans, and whose merits certainly gained for its author a deserved eminence. Dr. Fox's death will be deeply felt by his large circle of warm friends.

Items.

LIST OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE.—*Surgeon-General*—John O. Hamilton, Washington, D. C. *Surgeons*—E. Hebersmith, San Francisco, Cal.; C. N. Ellinwood, New York; P. H. Bailhache, Baltimore, Md.; John Vansant, Boston, Mass.; Wm. H. H. Hutton, New Orleans, La.; T. W. Miller, Chicago, Ill.; W. H. Long, Louisville, Ky.; Walter Wyman, St. Louis, Mo.; J. A. Brown, Detroit, Mich.; R. D. Murray, ordered to Norfolk, Va.; C. S. D. Fessenden, Portland, Me,; George Purviance, Pittsburg, Pa.; H. W. Sawtelle, Norfolk, Va.; E. J. Doering, Philadelphia, Pa. *Assistant Surgeons*—H. W. Austin, Key West, Fla.; Henry Smith, Galveston, Tex.; Jas. M. Gassaway, Pt. Townsend, W. T.; Geo. W. Stoner, Buffalo, N. Y.; J. C. Fisher, Cairo, Ill.; John Godfrey, Mobile, Ala.; F. H. Brown, Boston, Mass.; C. B. Goldsborough, Baltimore, Md.; Robt. White, on Rev. Str. "*Rush*"; H. M. Keyes, Cincinnati, O.; Geo. H. Stone, Savannah, Ga.; Proctor Thayer, Cleveland, O.; Fairfax Irwin, Chicago, Ill.; W. C. W. Glazier, N. Y.; Frank W. Mead, San Francisco, Cal.; Chas. L. Dana, (N. Y.) New York (temp'y); H. P. Cooke, (Va.) New Orleans, La.; H. R. Carter, (Md.) Boston, Mass. (temp'y); W. H. Heath, (Pa.) Washington, D. C. *Acting Assistant Surgeons*—J. H. O'Reilly, Evansville, Ind.; F. J. O'Connor, St. Louis, Mo.; F. D. Porter, Detroit, Mich.; A. C. Hamlin, Bangor, Me.; R. D. Bibber, Bath, Me.; Elmer Small, Belfast, Me.; K. H. Swett, Ellsworth, Me.; S. B. Hunter, Machias, Me.; Wm. A. Banks, Waldoboro', Me.; W. D. Stewart, Tuckerton, N. J.; H. G. Bates, New Berne, N. C.; Thos. F. Wood, Wilmington, N. C.; Jas. M. Allen, Milwaukee,

Wis.; K. S. Taft, Marquette, Mich.; Byron De Witt, Oswego, N. Y.; J. H. Van Deman, Chattanooga, Tenn.; Wm. M. Griffiths, Louisville, Ky. It will be seen in the above list, that Dr. E. J. Doering, late of Chicago, has been promoted to the rank of Surgeon. His many friends in this city will receive the news with pleasure.

CALIFORNIA'S LAST, BEST GIFTS.—In the May number of this journal, under the above title, an article appeared which was calculated to do injustice to one of our manufacturing houses, largely interested in the introduction of new remedies.

The article from which our excerpts were made originally appeared in the *Pacific Medical and Surgical Journal* for October, 1878. A subsequent number of this journal (January, 1879,) stated editorially, that "the former article was not intended to deny medicinal value to the plants in question, but simply to expose the deception of introducing preparations of old remedies under new names;" that is, in offering old remedies under coined names. But the editor effectually disposes of this charge by admitting that *Cascara Sagrada* is the common Spanish name for the drug in question, although he had previously stated that it was unknown to any botanist on the Pacific Coast. In fact, the original charges have been so modified that no further reply to them than the above statement seems necessary; still, to show how generally Dr. Gibbons' article has been condemned by the medical press, we add excerpts from editorials of some of the most prominent journals.

Physicians desirous of thoroughly investigating these charges will do well to send to Messrs. Parke, Davis & Co., of Detroit, for their pamphlet, containing all that has been published in relation to the matter.

"It shows prejudice, hence it is not scientific. We are sorry it is so, for the journal being indigenous to the same State as the plant, we expected real information."—*Chicago Pharmacist.*

"A great deal more has been made of the matter than was any occasion for. Of one of the remedies which is attacked, the cascara, we may say that it has now an excellent reputation in this locality."—*Louisville Med. News.*

"We are surprised that any enlightened member of the profession should object to any remedial agent because of its introduction by an eclectic."—*N. Y. Hospital Gazette.*

"But logic is logic, and failing to find anything objectionable in the remedies themselves, Dr. Gibbons opens his batteries on Dr. Bundy, the introducer of them. He proclaims the fact that Dr. Bundy is not a 'regular.' We must confess that we fail to perceive what Dr. B.'s 'regularity' or his lack of it has to do with the therapeutic properties of the drugs."—*Michigan Med. News.*

"We knew this firm (P. D. & Co.) was composed of shrewd business men, having it for their object to make an honest reputation and to obtain a fair return on their investment of brains, labor and capital. Hence we were satisfied that the originators of the damaging statements were mistaken."—*Detroit Lancet.*

"Those journals which made such haste to quote the first article from the *Pacific Journal* can hardly do less, in decency, than quote the second, and thus, as far as may be, make amends."—*Ohio Medical Recorder.*

"We were much astonished when we read Dr. Gibbons' article in the October number of the *Pacific.* * * * * Our own experience has taught that Cascara Sagrada, Grindelia Squarrosa and Yerba Santa are valuable remedies."—*St. Louis M. & S. Journal.*

"Although we know nothing of the orthodoxy of the professional status of Dr. Bundy, yet we claim to belong to that 'school of medicine' that hesitates not at the use of any drug, preparation or instrument that will benefit an afflicted fellow-being, no matter from what source it may have been derived, nor by whom introduced."—*Southern Practitioner.*

"It will be seen that Dr. Henry Gibbons here acknowledges that several of the plants in question are really valuable. This is all that the profession cares to know."—*Physician and Surgeon.*

ANNOUNCEMENTS FOR THE MONTH.

SOCIETY MEETINGS.

Chicago Medical Society—Mondays, July 7 and 21.
West Chicago Medical Society—Mondays, July 14 and 28.

CLINICS.

MONDAY.

Eye and Ear Infirmary—2 p. m., Ophthalmological, by Prof. Holmes; 3 p. m., Otological, by Prof. Jones.
Mercy Hospital—1:30 p. m., Surgical, by Prof. Andrews.
Rush Medical College—2 p. m., Dermatological and Venereal, by Prof. Hyde; 3 p. m., Medical, by Dr. Bridge.
Woman's Medical College—2 p. m., Dermatological, by Dr. Maynard.

TUESDAY.

Cook County Hospital—2 to 4 p. m., Medical and Surgical Clinics.
Mercy Hospital—1:30 p. m., Medical, by Prof. Hollister.

WEDNESDAY.

Chicago Medical College—1:30 p. m., Eye and Ear, by Prof. Jones.
Rush Medical College—3:30 to 4:30 p. m., Diseases of the Chest, by Dr. E. Fletcher Ingals.

THURSDAY.

Chicago Medical College—1:30 p. m., Medical, by Prof. Quine.
Rush Medical College—3 p. m., Diseases of the Nervous System, by Prof. Lyman.
Eye and Ear Infirmary—2 p. m., Ophthalmological, by Dr. Hotz.

FRIDAY.

Cook County Hospital—2 to 4 p. m., Medical and Surgical Clinics.
Mercy Hospital—1:30 p. m., Medical, by Prof. Davis.

SATURDAY.

Rush Medical College—2 p. m., Surgical, by Prof. Gunn.
Chicago Medical College—2 p. m., Surgical, by Prof. Isham; 3 p. m., Neurological, by Prof. Jewell.
Woman's Medical College—11 a. m., Ophthalmological, by Dr. Montgomery.

Daily Clinics, from 2 to 4 p. m., at the Central Free Dispensary, and at the South Side Dispensary.